

**\UNITED STATES BANKRUPTCY COURT FOR THE  
MIDDLE DISTRICT OF TENNESSEE AT NASHVILLE**

<b>In re:</b>  <b>AMERICAN SLEEP MEDICINE LLC</b>  <b>Debtor.</b>	<b>Case No. 3:21-02741</b> <b>Chapter 11</b> <b>Judge WALKER</b>  <b>SECOND AMENDED AND RESTATED</b> <b>CHAPTER 11 PLAN</b>
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## **I.**

### **INTRODUCTION**

AMERICAN SLEEP MEDICINE, LLC is the Debtor in a Chapter 11 bankruptcy case. On September 8, 2021, Debtor commenced a voluntary bankruptcy case by filing a Chapter 11 petition under the United States Bankruptcy Code (“Bankruptcy Code”), 11 U.S.C. § 101 et seq. This document is the Chapter 11 Plan (“Plan”) proposed by the Debtor (“Plan Proponent”). Sent to you in the same envelope as this document is the Disclosure Statement which has been approved by the Court, and which is provided to help you understand the Plan.

This is a not liquidation plan. In other words, the Proponent seeks to accomplish payments under the Plan through his income as sleep diagnostic center. The Effective Date of the proposed Plan is 45 days after confirmation.

## **II.**

### **CLASSIFICATION AND TREATMENT OF CLAIMS AND INTERESTS**

#### **A. General Overview**

As required by the Bankruptcy Code, the Plan classifies claims and interests in various classes according to their right to priority of payments as provided in the Bankruptcy Code. The Plan states whether each class of claims or interests is impaired or unimpaired. The Plan provides the treatment each class will receive under the Plan.

#### **B. Unclassified Claims**

Certain types of claims are not placed into voting classes; instead they are unclassified. They are not considered impaired and they do not vote on the Plan because they are automatically entitled to specific treatment provided for them in the Bankruptcy Code. As such, the Proponent has not placed the following claims in a class. The treatment of these claims is

provided below.

## **1. Administrative Expenses**

Administrative expenses are claims for costs or expenses of administering the Debtor's Chapter 11 case which are allowed under Code Section 507(a)(1). The Code requires that all administrative claims be paid on the Effective Date of the Plan, unless a particular claimant agrees to a different treatment.

There are no administrative claims under the plan except for any quarterly fees owed by the Debtor and the post-petition financing approved by the Debtor that may become due between now and the confirmation of the case. Debtor estimates that two more quarters of quarterly fees will become due before the case can be confirmed and close.

The post-petition financing will be paid under the terms and conditions of the loan approved by the Court. Additionally, there may be unpaid attorney's fees for Steven L. Lefkovitz, Counsel for the Debtor-in-possession, which are subject to the approval of the Court. The retainer in this case was paid by the Debtor, and the law firm of Lefkovitz and Lefkovitz, PLLC will receive any compensation through the Chapter 11 plan upon application and order of the Court. The unpaid amount of the attorney's fees due the lawfirm of Lefkovitz and Lefkovitz, PLLC is estimated to be \$75,000.00.

## **2. Priority Tax Claims**

Priority tax claims are certain unsecured income, employment and other taxes described by Code Section 507(a)(8). The Code requires that each holder of such a 507(a)(8) priority tax claims receive the present value of such claim in deferred cash payments, over a period not exceeding five years form the date of the Order of Relief entered in this case. All of the governmental or tax claims filed in this case to date are attached hereto and marked Exhibit D to

this document. The aggregate total of all claimants in this class totals \$13,753.64, which shall be paid pro rata to all members of this class, from the \$276.00 per month allocated to pay governmental or tax claims.

**C. Classified Claims and Interests**

**1. Classes of Secured Claims**

Secured claims are claims secured by liens on property of the estate. The following chart lists all classes containing Debtor's secured pre-petition claims and their treatment under this Plan:

<u>CLASS</u> <u>#</u>	<u>DESCRIPTION</u>	<u>INSIDERS</u> (Y/N)	<u>IMPAIRED</u> (Y/N)	<u>TREATMENT</u>
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1	<p>Secured claim of:</p> <ul style="list-style-type: none"> <li>• The Court approved post-petition DIP financing to Row Zadek et al referenced in Docket entry 111, an order entered on November 30, 2021 shall be paid in full under the terms and conditions of the promissory note entered at that time. This is an insider loan to the principals of the Debtor, which is currently not being paid or enforced.</li> </ul>				
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## 2. Classes of Priority Unsecured Claims

Certain priority claims that are referred to in Code Sections 507(a)(1), (4), (5), (6), and (7) are required to be placed in classes. These types of claims are entitled to priority treatment as follows: the Code requires that each holder of such a claim receive cash on the Effective Date equal to the allowed amount of such claim. However, a class of unsecured priority claim holders may vote to accept deferred cash payments of a value, as of the Effective Date, equal to the allowed amount of such claims. The only members of this class is unpaid employees for pre-petition wage claims incurred within 180 days of September 8, 2021, will be paid in full on the Effective Date of the plan up to a maximum of \$13,650.00. Any additional funds owed for a pre-petition wage claim shall be paid as a Class 2 unsecured creditor. These amounts were verified from the information provided to Debtor's payroll service and is correct to the best of the Debtor's knowledge, information, and belief.

### 3. Class of General Unsecured Claims

General unsecured claims are unsecured claims not entitled to priority under Code Section 507(a). The following chart identifies this Plan's treatment of the class containing all of Debtor's general unsecured claims, which also includes all of the leases heretofore rejected by Debtor and also includes the centers in Birmingham, Alabama and Vienna, Virginia which are also rejected by the entry of the order of confirmation.

<u>CLASS#</u>	<u>DESCRIPTION</u>	<u>IMPAIRED</u> (Y/N)	<u>TREATMENT</u>	
2	General unsecured claims	Y, Claims in this class are entitled to vote on the plan.	<ul style="list-style-type: none"><li>• Pymt interval</li><li>• Pymt amt/interval</li><li>• Begin date</li> <li>• End date</li><li>• Interest rate</li><li>• Total payout</li></ul>	The Debtor shall pay \$7,250.00 per month for a period of no less than 60 months. Creditors in this class shall receive their pro rata distribution under the plan and no less than 25% of the allowed amount of their claim.

### 4. Class(es) of Interest Holders

Interest holders are the parties who hold ownership interest (i.e., equity interest) in the Debtor. If the Debtor is a corporation, entities holding preferred or common stock in the Debtor are interest holders. If the Debtor is a partnership, the interest holders include both general and limited partners. If the Debtor is an individual, the Debtor is the interest holder.

The following chart identifies this Plan's treatment of the class of interest holders:

<u>CLASS #</u>	<u>DESCRIPTION</u>	<u>IMPAIRED</u> (Y/N)	<u>TREATMENT</u>
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	Interest holders	N	All assets will be reinstated
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**D. Means of Performing the Plan**

**1. Funding for the Plan**

The Plan will be funded from income of the Debtor as a sleep medicine treatment center.

**2. Post-confirmation Management**

The Debtor shall be responsible for post-confirmation management.

**3. Disbursing Agent**

Debtor shall act as the disbursing agent for the purpose of making all distributions provided for under the Plan. The Disbursing Agent shall serve without bond and shall receive no compensation for distribution services rendered and expenses incurred pursuant to the Plan.

**E. Risk Factors**

The proposed Plan has the following risks: The Plan, due to its nature of being funded over time, maintains a possibility of default if Debtor is unable to realize its current financial projections or somehow finds itself unable to maintain the same level of monthly income.

**F. Other Provisions of the Plan**

**1. Executory Contracts and Unexpired Leases**

**a. Assumptions and Rejection of Leases**

The Debtor also rejected several leases and closed underperforming Sleep Apnea centers. The Debtor has already rejected the leases with TCP Partners in Orange County, Simon Levi Company, LTD in San Diego, IN-9240 Meridian, LLC in Indianapolis, Hoffman Development Co in St. Louis. Upon Confirmation of the plan, the leases in Birmingham, Ala and Vienna, Virginia will also be rejected. A subsequent review has revealed that all remaining leases are in

the name of wholly owned subsidiaries, unless there are other leases are hereby assumed under the amended terms negotiated with the Debtor.

All executory contracts and leases not explicitly assumed in the Debtor's plan of reorganization or by orders of this Court are hereby deemed rejected

The order confirming the Plan shall constitute an Order approving the rejection of the lease or contract. If you are a party to a contract or lease to be rejected and you object to the rejection of your contract or lease, you must file and serve your objection to the Plan within the deadline for objecting to the confirmation of the Plan.

Currently, there are other no adversary proceedings pending.

THE BAR DATE FOR FILING A PROOF OF CLAIM OTHER THAN A GOVERNMENTAL CLAIM WAS January 5, 2022, AND GOVERNMENTAL CLAIM WAS April 5, 2022. Any claim based on the rejection of a contract or lease will be barred unless the claim is made within thirty (30) days of the order confirming the Chapter 11 Plan.

**B. Changes in Rates Subject to Regulatory Commission Approval**

This Debtor is not subject to governmental regulatory commission approval of its rates.

**C. Retention of Jurisdiction.**

The Court shall retain jurisdiction for purposes of granting a discharge to Debtor, determining any and all objections to the amounts of claims, applications for compensation and expenses, to enforce the provisions of the Plan, to correct any defect, cure any omissions or reconcile any inconsistency in the Plan, and to determine such other matters as may be provided for in the Order of the Court confirming the Plan.

**IV.**

**EFFECT OF CONFIRMATION OF PLAN**

**A. Discharge**



The Debtor, which is a corporation, is not entitled to a discharge pursuant to 11 U.S.C. §1141(d)(3)(C), however, after the effective date of the Plan your claims against the Debtor will be limited to the debts described in the plan.

**B. Revesting of Property in the Debtor**

Except as provided elsewhere in the Plan, the confirmation of the Plan revests all of the property of the estate in the Debtor.

**B. Modification of Plan**

The Proponent of the Plan may modify the Plan at any time before confirmation. However, the Court may require a new disclosure statement and/or revoting on the Plan. The Proponent of the Plan may also seek to modify the Plan at any time after confirmation only if (1) the Plan has not been substantially consummated and (2) the Court authorizes the proposed modifications after notice and a hearing.

**D. Post-Confirmation Status Report**

The Debtor shall furnish post-confirmation quarterly reports by the 15th of the month following the end of the quarter. This obligation of the Debtor shall continue after the Final Decree is entered in this matter until all Plan payments have been completed..

**E. Quarterly Fees**

Quarterly fees accruing under 28 U.S.C. § 1930(a)(6) to date of confirmation shall be paid to the United States Trustee on or before the effective date of the plan. Quarterly fees accruing under 28 U.S.C. § 1930(a)(6) after confirmation shall be paid to the United States Trustee in accordance with 28 U.S.C. § 1930(a)(6) until entry of a final decree, or entry of an order of dismissal or conversion to chapter 7.

**F. Post-Confirmation Conversion/Dismissal**

A creditor or party in interest may bring a motion to convert or dismiss the case under § 1112(b), after the Plan is confirmed, if there is a default in performing the Plan. If the Court

orders, the case converted to Chapter 7 after the Plan is confirmed, then all property that had been property of the Chapter 11 estate, and that has not been disbursed pursuant to the Plan, will revert in the Chapter 7, estate. The automatic stay will be reimposed upon the reverted property, but only to the extent that relief from stay was not previously authorized by the Court during this case.

The order confirming the Plan may also be revoked under very limited circumstances. The Court may revoke the order if the order of confirmation was procured by fraud and if the party in interest brings an adversary proceeding to revoke confirmation within 180 days after the entry of the order of confirmation.

#### **G. Final Decree**

Once the estate has been fully administered as referred to in Bankruptcy Rule 3022, the Plan Proponent, or other party as the Court shall designate in the Plan Confirmation Order, shall file a motion with the Court to obtain a final decree to close the case.

Date: August 26, 2022

Respectfully submitted,

/s/ Steven L. Lefkovitz, No. 5953

STEVEN L. LEFKOVITZ

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**EXHIBIT A - LIST OF ALL ASSETS**  
**EXHIBIT B – DEBTOR’S MONTHLY INCOME AND EXPENSES**  
**DURING THE PENDANCY OF THE BANKRUPTCY CASE**  
**EXHIBIT C - LIST OF GENERAL UNSECURED CLAIMS**  
**EXHIBIT D – LIST OF ALL OF THE TAX OR GOVERNMENTAL CLAIMS**  
**EXHIBIT E – BALANCE SHEET OF ALL ENTITIES**

**SEE ATTACHED EXHIBITS**

**Fill in this information to identify the case:**Debtor name **American Sleep Medicine LLC EXHIBIT C**United States Bankruptcy Court for the: **MIDDLE DISTRICT OF TENNESSEE**Case number (if known) **3:21-bk-02741**☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims****1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).☐ No. Go to Part 2.☒ Yes. Go to line 2.**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address <b>Abby Holmes</b> <b>4930 Woodcock Cir</b> <b>Louisville, KY 40213</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$950.75</b>	<b>\$950.75</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.2	Priority creditor's name and mailing address <b>Abigail Asis</b> <b>12386 Acosta Oaks Dr.</b> <b>Jacksonville, FL 32258</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,137.19</b>	<b>\$2,137.19</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

## American Sleep Medicine 2nd Amended Disclosure Statement

Debtor	American Sleep Medicine LLC		Case number (if known)	3:21-bk-02741	
	Name				
2.3	Priority creditor's name and mailing address <b>Adeano Corella</b> <b>7 San Mieguel Dr Apt E</b> <b>Saint Charles, MO 63303</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>\$2,500.00</b>	<b>\$0.00</b>
	Date or dates debt was incurred	Basis for the claim:			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.4	Priority creditor's name and mailing address <b>Alicia Hutton</b> <b>7300 Wintergreen Ct</b> <b>Greenbelt, MD 20770</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>\$1,280.00</b>	<b>\$1,280.00</b>
	Date or dates debt was incurred	Basis for the claim:			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.5	Priority creditor's name and mailing address <b>Alona Dunn</b> <b>841 Xenia St SE</b> <b>Washington, DC 20032</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>\$1,161.30</b>	<b>\$0.00</b>
	Date or dates debt was incurred	Basis for the claim:			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.6	Priority creditor's name and mailing address <b>Amanda Wallace</b> <b>5701 Briarwick Ct</b> <b>Hermitage, TN 37076</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>\$1,856.34</b>	<b>\$1,856.34</b>
	Date or dates debt was incurred	Basis for the claim:			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

## American Sleep Medicine 2nd Amended Disclosure Statement

Debtor	American Sleep Medicine LLC		Case number (if known)	3:21-bk-02741	
	Name				
2.7	Priority creditor's name and mailing address <b>Ana Sanchez</b> <b>5107 Camellia Cir S</b> <b>Jacksonville, FL 32207</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>\$1,305.97</b>	<b>\$1,305.97</b>
	Date or dates debt was incurred	Basis for the claim:			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.8	Priority creditor's name and mailing address <b>Angelica Moreno</b> <b>11735 Genway Dr</b> <b>Houston, TX 77070</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>\$1,339.60</b>	<b>\$1,339.60</b>
	Date or dates debt was incurred	Basis for the claim:			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.9	Priority creditor's name and mailing address <b>Angelique Jackson</b> <b>3401 Primm Ln Apt B</b> <b>Birmingham, AL 35216</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>\$1,098.43</b>	<b>\$1,098.43</b>
	Date or dates debt was incurred	Basis for the claim:			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.10	Priority creditor's name and mailing address <b>Anthony J Ardon</b> <b>22845 Climbing Rose Dr.</b> <b>Moreno Valley, CA 92551</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>\$2,203.96</b>	<b>\$0.00</b>
	Date or dates debt was incurred	Basis for the claim:			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

## American Sleep Medicine 2nd Amended Disclosure Statement

Debtor **American Sleep Medicine LLC**  
Name

Case number (if known)

**3:21-bk-02741**

2.11	Priority creditor's name and mailing address <b>Autumn Love</b> <b>1179 Abernathy Rd</b> <b>Ashland City, TN 37015</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$717.30</b>	<b>\$717.30</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.12	Priority creditor's name and mailing address <b>Baylee Gabbard</b> <b>5439 W 300 N</b> <b>Sharpville, IN 46068</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,300.53</b>	<b>\$1,300.53</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.13	Priority creditor's name and mailing address <b>Belinda Davis</b> <b>6984 Longleaf Branch Dr.</b> <b>Jacksonville, FL 32222</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$109.20</b>	<b>\$0.00</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.14	Priority creditor's name and mailing address <b>Bradley Sapp</b> <b>2861 Georgetown Dr</b> <b>Birmingham, AL 35216</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,923.08</b>	<b>\$1,923.08</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		



## American Sleep Medicine 2nd Amended Disclosure Statement

Debtor	Name	Case number (if known)	3:21-bk-02741	
2.15	Priority creditor's name and mailing address <b>Brandi Olds</b> <b>1669 Kirby Pkwy Suite 110</b> <b>Memphis, TN 38120</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,500.00</b>	<b>\$2,500.00</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.16	Priority creditor's name and mailing address <b>Brianna Rush</b> <b>2760 Mayport Rd Box #87</b> <b>Atlantic Beach, FL 32233</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,451.10</b>	<b>\$1,451.10</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.17	Priority creditor's name and mailing address <b>Camila Olcese</b> <b>4 West Nelson Ave</b> <b>Alexandria, VA 22301</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,173.25</b>	<b>\$1,173.25</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.18	Priority creditor's name and mailing address <b>Candyce Newson</b> <b>1718 Port Oak Pl</b> <b>Memphis, TN 38120</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,040.00</b>	<b>\$1,040.00</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

## American Sleep Medicine 2nd Amended Disclosure Statement

Debtor **American Sleep Medicine LLC**  
Name

Case number (if known)

**3:21-bk-02741**

2.19	Priority creditor's name and mailing address <b>Carrie Haney</b> <b>8048 Cumberland Gap Trl N</b> <b>Jacksonville, FL 32244</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,139.24</b>	<b>\$1,139.24</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.20	Priority creditor's name and mailing address <b>Cassandra Chann</b> <b>7237 Oakwood Dr.</b> <b>Jacksonville, FL 32211</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,324.95</b>	<b>\$0.00</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.21	Priority creditor's name and mailing address <b>Charles Mercado</b> <b>1398 Anthony Mill Rd</b> <b>Tullahoma, TN 37388</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,288.25</b>	<b>\$1,288.25</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.22	Priority creditor's name and mailing address <b>Cheryl Sefraoui</b> <b>19111 Edens Dawn Dr</b> <b>Tomball, TX 77375</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,500.00</b>	<b>\$2,500.00</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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Debtor	American Sleep Medicine LLC		Case number (if known)	3:21-bk-02741	
Name					
2.23	Priority creditor's name and mailing address <b>Christopher Staley</b> <b>114 3rd Ave</b> <b>Mount Pleasant, TN 38474</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>\$2,340.05</b>	<b>\$2,340.05</b>
Date or dates debt was incurred			Basis for the claim:		
Last 4 digits of account number			Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.24	Priority creditor's name and mailing address <b>Connie Sevinsky</b> <b>1300 Atlantic Blvd #1903</b> <b>Jacksonville, FL 32225</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>\$1,976.25</b>	<b>\$1,976.25</b>
Date or dates debt was incurred			Basis for the claim:		
Last 4 digits of account number			Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.25	Priority creditor's name and mailing address <b>Coral Baylor</b> <b>1389 Southshore Dr.</b> <b>Fleming Island, FL 32003</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>\$2,010.37</b>	<b>\$0.00</b>
Date or dates debt was incurred			Basis for the claim:		
Last 4 digits of account number			Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.26	Priority creditor's name and mailing address <b>Corron Wilson</b> <b>18034 Cottage Garden Dr</b> <b>Germantown, MD 20874</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>\$1,401.68</b>	<b>\$1,401.68</b>
Date or dates debt was incurred			Basis for the claim:		
Last 4 digits of account number			Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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Debtor **American Sleep Medicine LLC**  
Name

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2.27	Priority creditor's name and mailing address <b>Corvon Jordan</b> <b>5047 Louisiana St</b> <b>Saint Louis, MO 63111</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$836.05</b>	<b>\$836.05</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.28	Priority creditor's name and mailing address <b>Cristina Gendive</b> <b>7347 Hielo Dr</b> <b>Jacksonville, FL 32211</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$629.10</b>	<b>\$629.10</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.29	Priority creditor's name and mailing address <b>Dalila Goss</b> <b>12008 Winding Creek Way</b> <b>Germantown, MD 20874</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,134.50</b>	<b>\$2,134.50</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.30	Priority creditor's name and mailing address <b>Damali Blackwood</b> <b>6962 Clearwater Pk Ct N</b> <b>Jacksonville, FL 32244</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,085.20</b>	<b>\$0.00</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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Name					
2.31	Priority creditor's name and mailing address <b>Daniel Fleri</b> <b>713 Plaza Dr</b> <b>O Fallon, MO 63366</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>\$1,784.46</b>	<b>\$0.00</b>
Date or dates debt was incurred		Basis for the claim:			
Last 4 digits of account number		Is the claim subject to offset?			
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.32	Priority creditor's name and mailing address <b>Darrisa Daniels</b> <b>4090 Hodges Blvd Unit 1810</b> <b>Jacksonville, FL 32224</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>\$1,143.22</b>	<b>\$0.00</b>
Date or dates debt was incurred		Basis for the claim:			
Last 4 digits of account number		Is the claim subject to offset?			
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.33	Priority creditor's name and mailing address <b>Darrius Hill</b> <b>496 Pickett Dr</b> <b>Memphis, TN 38109</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>\$74.53</b>	<b>\$74.53</b>
Date or dates debt was incurred		Basis for the claim:			
Last 4 digits of account number		Is the claim subject to offset?			
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.34	Priority creditor's name and mailing address <b>David Yount</b> <b>15101 Falconbridge Terrace</b> <b>Gaithersburg, MD 20878</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>\$3,192.00</b>	<b>\$3,192.00</b>
Date or dates debt was incurred		Basis for the claim:			
Last 4 digits of account number		Is the claim subject to offset?			
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

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Debtor **American Sleep Medicine LLC**  
Name

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2.35	Priority creditor's name and mailing address <b>Dayna Terrell</b> <b>1142 Akers Dr</b> <b>Jacksonville, FL 32225</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,846.15</b>	<b>\$1,846.15</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.36	Priority creditor's name and mailing address <b>Deanna Martin</b> <b>3344 Schofield Ave</b> <b>Indianapolis, IN 46218</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$373.37</b>	<b>\$373.37</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.37	Priority creditor's name and mailing address <b>Deanna Sides</b> <b>2985 Old Brownsville Rd</b> <b>Memphis, TN 38134</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,099.96</b>	<b>\$2,099.96</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.38	Priority creditor's name and mailing address <b>Diana Gover</b> <b>5918 Woods Rd</b> <b>Stewartstown, PA 17363</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$741.03</b>	<b>\$741.03</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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Name

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2.39	Priority creditor's name and mailing address <b>Edna Brown</b> <b>4150 S Germantown Rd</b> <b>Memphis, TN 38125</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,050.52</b>	<b>\$0.00</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.40	Priority creditor's name and mailing address <b>Elena Desiatkin</b> <b>1554 E Hastings Way</b> <b>Placentia, CA 92870</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$360.00</b>	<b>\$0.00</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.41	Priority creditor's name and mailing address <b>Elisha Battle</b> <b>36 Colby Ave</b> <b>Claymont, DE 19703</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,343.57</b>	<b>\$0.00</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.42	Priority creditor's name and mailing address <b>Emma Wallis</b> <b>2115 West Aventura Way Apt 1311</b> <b>Saint Louis, MO 63146</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,333.50</b>	<b>\$1,333.50</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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Name					
2.43	Priority creditor's name and mailing address <b>Eric Johnson</b> <b>7037 N College St</b> <b>Indianapolis, IN 46220</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>\$2,500.00</b>	<b>\$2,500.00</b>
Date or dates debt was incurred		Basis for the claim:			
Last 4 digits of account number		Is the claim subject to offset?			
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.44	Priority creditor's name and mailing address <b>Erta Hyseani</b> <b>9595 Amarante Cir Unit 14</b> <b>Jacksonville, FL 32257</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>\$1,538.46</b>	<b>\$1,538.46</b>
Date or dates debt was incurred		Basis for the claim:			
Last 4 digits of account number		Is the claim subject to offset?			
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.45	Priority creditor's name and mailing address <b>Eugene Lecompte</b> <b>540 Dovedale Ln</b> <b>Alvin, TX 77511</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>\$1,594.22</b>	<b>\$1,594.22</b>
Date or dates debt was incurred		Basis for the claim:			
Last 4 digits of account number		Is the claim subject to offset?			
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.46	Priority creditor's name and mailing address <b>Feyintola Iroko</b> <b>754 Maury Ave</b> <b>Oxon Hill, MD 20745</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>\$1,459.63</b>	<b>\$1,459.63</b>
Date or dates debt was incurred		Basis for the claim:			
Last 4 digits of account number		Is the claim subject to offset?			
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			



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Debtor	American Sleep Medicine LLC		Case number (if known)	3:21-bk-02741	
Name					
2.47	Priority creditor's name and mailing address <b>Florence Coles</b> <b>13990 Bartram Park Blvd Apt 718</b> <b>Jacksonville, FL 32258</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>\$1,320.79</b>	<b>\$0.00</b>
Date or dates debt was incurred			Basis for the claim:		
Last 4 digits of account number			Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.48	Priority creditor's name and mailing address <b>Francis Severin</b> <b>3418 Horncastle Ct</b> <b>Pearland, TX 77584</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>\$2,288.50</b>	<b>\$2,288.50</b>
Date or dates debt was incurred			Basis for the claim:		
Last 4 digits of account number			Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.49	Priority creditor's name and mailing address <b>Geron Canidate</b> <b>1037 Rolling Hills Dr. #5</b> <b>Anaheim, CA 92805</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>\$2,576.92</b>	<b>\$0.00</b>
Date or dates debt was incurred			Basis for the claim:		
Last 4 digits of account number			Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.50	Priority creditor's name and mailing address <b>Gilberto Urriola-Brewster</b> <b>3942 Waterford Oaks Dr</b> <b>Orange Park, FL 32065</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>\$1,760.00</b>	<b>\$1,760.00</b>
Date or dates debt was incurred			Basis for the claim:		
Last 4 digits of account number			Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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Name

Case number (if known)

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2.51	Priority creditor's name and mailing address <b>Golfam Javanoskoei</b> <b>302 E Joppa Rd Apt 1804</b> <b>Towson, MD 21286</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$160.81</b>	<b>\$160.81</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.52	Priority creditor's name and mailing address <b>Guadalupe Arredondo</b> <b>1410 Hankamer</b> <b>Pasadena, TX 77506</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$645.90</b>	<b>\$0.00</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.53	Priority creditor's name and mailing address <b>Gwyneth Mercado-Perez</b> <b>1591 Lane Ave S, F-201</b> <b>Jacksonville, FL 32210</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,240.77</b>	<b>\$1,240.77</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.54	Priority creditor's name and mailing address <b>Hayley Harman</b> <b>2 Spiveys Ct</b> <b>Ormond Beach, FL 32174</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$108.52</b>	<b>\$108.52</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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Name

Case number (if known)

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2.55	Priority creditor's name and mailing address <b>Heather Larrabee</b> <b>450 Misty Patch Rd.</b> <b>Coatesville, PA 19320</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,252.50</b>	<b>\$2,252.50</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.56	Priority creditor's name and mailing address <b>Heather Sweat</b> <b>5704 Gasparilla Park Ct</b> <b>Jacksonville, FL 32244</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,640.00</b>	<b>\$1,640.00</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.57	Priority creditor's name and mailing address <b>Hector Trinidad-Abreu</b> <b>6102 Sage Willow Way</b> <b>Jacksonville, FL 32244</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,283.46</b>	<b>\$1,283.46</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.58	Priority creditor's name and mailing address <b>Helen Le</b> <b>7360 Sterling Ave Apt 29</b> <b>San Bernardino, CA 92410</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$178.57</b>	<b>\$178.57</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

## American Sleep Medicine 2nd Amended Disclosure Statement

Debtor	American Sleep Medicine LLC		Case number (if known)	3:21-bk-02741	
	Name				
2.59	Priority creditor's name and mailing address <b>Helena Pacheco</b> <b>4400 Whitmer Dr #10</b> <b>Woodbridge, VA 22193</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>\$686.00</b>	<b>\$686.00</b>
	Date or dates debt was incurred	Basis for the claim:			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.60	Priority creditor's name and mailing address <b>Holly Petranick</b> <b>2610 State Rd A1A #306</b> <b>Atlantic Beach, FL 32233</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>\$1,372.47</b>	<b>\$1,372.47</b>
	Date or dates debt was incurred	Basis for the claim:			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.61	Priority creditor's name and mailing address <b>IRS</b> <b>CNTRLZD INSOLVENCY OPRTN</b> <b>PO BOX 7346</b> <b>PHILADELPHIA, PA 19101-7346</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.62	Priority creditor's name and mailing address <b>Jacqueline Lyons</b> <b>17573 Shale Dr</b> <b>Hagerstown, MD 21740</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>\$1,184.00</b>	<b>\$1,184.00</b>
	Date or dates debt was incurred	Basis for the claim:			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

## American Sleep Medicine 2nd Amended Disclosure Statement

Debtor **American Sleep Medicine LLC**  
Name

Case number (if known)

**3:21-bk-02741**

2.63	Priority creditor's name and mailing address <b>Jacqueline Rodriguez</b> <b>385 S Manchester Ave Apt 4104</b> <b>Orange, CA 92868</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,328.29</b>	<b>\$2,328.29</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.64	Priority creditor's name and mailing address <b>Jaime Gonzalez</b> <b>7447 Eastpoint Blvd</b> <b>Baytown, TX 77521</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$307.67</b>	<b>\$307.67</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.65	Priority creditor's name and mailing address <b>James Yap</b> <b>36 Quail Creek Ln</b> <b>Pomona, CA 91766</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,320.00</b>	<b>\$1,320.00</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.66	Priority creditor's name and mailing address <b>Jeanette Olney</b> <b>38 Sassafras Ct</b> <b>Brandenburg, KY 40108</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,440.00</b>	<b>\$1,440.00</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

## American Sleep Medicine 2nd Amended Disclosure Statement

Debtor **American Sleep Medicine LLC**  
Name

Case number (if known)

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2.67	Priority creditor's name and mailing address <b>JeAnna Lane</b> <b>1775 Bluejay Dr</b> <b>Middleburg, FL 32068</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,360.00</b>	<b>\$1,360.00</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.68	Priority creditor's name and mailing address <b>Jennifer D Campos</b> <b>304 Dunwick Ln</b> <b>Pasadena, TX 77502</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,318.35</b>	<b>\$0.00</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.69	Priority creditor's name and mailing address <b>Jennifer Johnson</b> <b>140 N Sunshine #1</b> <b>El Cajon, CA 92020</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,456.20</b>	<b>\$1,456.20</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.70	Priority creditor's name and mailing address <b>Jennifer Sparrenberger</b> <b>8293 Wintersgate</b> <b>Olive Branch, MS 38654</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,000.00</b>	<b>\$2,000.00</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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Debtor **American Sleep Medicine LLC**  
Name

Case number (if known)

**3:21-bk-02741**

2.71	Priority creditor's name and mailing address <b>Jennifer Sergeant</b> <b>1666 Ponderosa Pine Dr W</b> <b>Jacksonville, FL 32225</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,560.00</b>	<b>\$1,560.00</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.72	Priority creditor's name and mailing address <b>Jerry Lauch</b> <b>129 Pearl St</b> <b>Jeffersonville, IN 47130</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$6,923.08</b>	<b>\$6,923.08</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.73	Priority creditor's name and mailing address <b>John Carpenter</b> <b>7106 Rudisill Ct</b> <b>Windsor Mill, MD 21244</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$396.00</b>	<b>\$0.00</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.74	Priority creditor's name and mailing address <b>John Jackson</b> <b>2739 Midland Crossing Ct</b> <b>Maryland Heights, MO 63043</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$737.50</b>	<b>\$737.50</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

## American Sleep Medicine 2nd Amended Disclosure Statement

Debtor **American Sleep Medicine LLC**  
Name

Case number (if known)

**3:21-bk-02741**

2.75	Priority creditor's name and mailing address <b>John Moceyunas</b> <b>368 W Blackjack Branch Way</b> <b>Saint Johns, FL 32259</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,538.46</b>	<b>\$2,538.46</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.76	Priority creditor's name and mailing address <b>Jordan Martin</b> <b>506 Big Horn Dr</b> <b>League City, TX 77573</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,923.08</b>	<b>\$1,923.08</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.77	Priority creditor's name and mailing address <b>Josephina Kim</b> <b>32 Hobb Ct</b> <b>Perry Hall, MD 21128</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,291.73</b>	<b>\$1,291.73</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.78	Priority creditor's name and mailing address <b>Julia Ramos</b> <b>5225 Pooks Hill Rd</b> <b>Bethesda, MD 20814</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$345.00</b>	<b>\$345.00</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		



## American Sleep Medicine 2nd Amended Disclosure Statement

Debtor	Name	Case number (if known)		
	<b>American Sleep Medicine LLC</b>		<b>3:21-bk-02741</b>	
2.79	Priority creditor's name and mailing address <b>Kaitlyn Martin</b> <b>6617 Ovington Rd</b> <b>Jacksonville, FL 32216</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,601.66</b>	<b>\$1,601.66</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.80	Priority creditor's name and mailing address <b>Kallie Goetz</b> <b>5130 Bluff Springs Cove</b> <b>Arlington, TN 38002</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$205.42</b>	<b>\$205.42</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.81	Priority creditor's name and mailing address <b>Katelynn Bohannon</b> <b>2541 Woodlawn Rd.</b> <b>Shelbyville, KY 40065</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,249.79</b>	<b>\$0.00</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.82	Priority creditor's name and mailing address <b>Kathleen Lawler</b> <b>6282 Rolling Tree St</b> <b>Jacksonville, FL 32222</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,371.62</b>	<b>\$1,371.62</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

## American Sleep Medicine 2nd Amended Disclosure Statement

Debtor **American Sleep Medicine LLC**  
Name

Case number (if known)

**3:21-bk-02741**

2.83	Priority creditor's name and mailing address <b>Kayla N Alston</b> <b>711 N Wedgewood St</b> <b>Baltimore, MD 21229</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,259.27</b>	<b>\$0.00</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.84	Priority creditor's name and mailing address <b>Kaziah Hernandez</b> <b>66715 Hacienda Ave</b> <b>Desert Hot Springs, CA 92240</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,710.78</b>	<b>\$1,710.78</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.85	Priority creditor's name and mailing address <b>Keisha Thornton</b> <b>1903 Woodbourne Ave</b> <b>Baltimore, MD 21239</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,269.30</b>	<b>\$1,269.30</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.86	Priority creditor's name and mailing address <b>Kelli Cooper</b> <b>1119 W 7th St</b> <b>Wilmington, DE 19805</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$522.25</b>	<b>\$0.00</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

## American Sleep Medicine 2nd Amended Disclosure Statement

Debtor **American Sleep Medicine LLC**  
Name

Case number (if known)

**3:21-bk-02741**

2.87	Priority creditor's name and mailing address <b>Kelly Cummings</b> <b>13 Aspen Pl</b> <b>Bellmawr, NJ 08031</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,500.00</b>	<b>\$0.00</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.88	Priority creditor's name and mailing address <b>Kelly Wooten</b> <b>19620 Waters Rd Apt 3-414</b> <b>Germantown, MD 20874</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,383.00</b>	<b>\$2,383.00</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.89	Priority creditor's name and mailing address <b>Kenia Montes</b> <b>2130 W 12th St</b> <b>Santa Ana, CA 92703</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,098.30</b>	<b>\$1,098.30</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.90	Priority creditor's name and mailing address <b>Kennedy Obert</b> <b>1029 S Booth Ln</b> <b>Alvin, TX 77511</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,535.85</b>	<b>\$1,535.85</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

## American Sleep Medicine 2nd Amended Disclosure Statement

Debtor **American Sleep Medicine LLC**  
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**3:21-bk-02741**

2.91	Priority creditor's name and mailing address <b>Kenney Martinez</b> <b>1100 Anchorage St</b> <b>Wilmington, DE 19805</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,308.00</b>	<b>\$1,308.00</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.92	Priority creditor's name and mailing address <b>Kharissa Linares</b> <b>14935 Spring St</b> <b>Fontana, CA 92335</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,118.50</b>	<b>\$1,118.50</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.93	Priority creditor's name and mailing address <b>Kristin Harmon</b> <b>8260 Country Squire Pl #7</b> <b>Cordova, TN 38018</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,360.00</b>	<b>\$1,360.00</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.94	Priority creditor's name and mailing address <b>Kyle McKillip</b> <b>232 Avenida Victoria B</b> <b>San Clemente, CA 92672</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,130.72</b>	<b>\$2,130.72</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

## American Sleep Medicine 2nd Amended Disclosure Statement

Debtor **American Sleep Medicine LLC**  
Name

Case number (if known)

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2.95	Priority creditor's name and mailing address <b>Kyle Morrison</b> <b>1072 Rocky Springs Rd.</b> <b>Frederick, MD 21702</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,232.55</b>	<b>\$1,232.55</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.96	Priority creditor's name and mailing address <b>Laura Glenn</b> <b>5280 Little Mountain Dr N14</b> <b>San Bernardino, CA 92407</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$300.00</b>	<b>\$300.00</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.97	Priority creditor's name and mailing address <b>Lawrence Southern</b> <b>85758 Black Tern Dr</b> <b>Yulee, FL 32097</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,122.00</b>	<b>\$1,122.00</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.98	Priority creditor's name and mailing address <b>Lee Thomas</b> <b>3035 McVay Tr Dr</b> <b>Memphis, TN 38119</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$643.50</b>	<b>\$643.50</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

## American Sleep Medicine 2nd Amended Disclosure Statement

Debtor	American Sleep Medicine LLC		Case number (if known)	3:21-bk-02741	
Name					
2.99	Priority creditor's name and mailing address <b>Lily Westerlin</b> <b>2326 Pin Hook Ct</b> <b>Seabrook, TX 77586</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>\$700.00</b>	<b>\$700.00</b>
Date or dates debt was incurred		Basis for the claim:			
Last 4 digits of account number		Is the claim subject to offset?			
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.100	Priority creditor's name and mailing address <b>Lori Chew</b> <b>227 N Washington</b> <b>Knightstown, IN 46148</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>\$362.30</b>	<b>\$0.00</b>
Date or dates debt was incurred		Basis for the claim:			
Last 4 digits of account number		Is the claim subject to offset?			
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.101	Priority creditor's name and mailing address <b>Lori Lopez</b> <b>5353 Clapboard Creek</b> <b>Jacksonville, FL 32226</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>\$3,415.82</b>	<b>\$3,415.82</b>
Date or dates debt was incurred		Basis for the claim:			
Last 4 digits of account number		Is the claim subject to offset?			
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.102	Priority creditor's name and mailing address <b>Lyle Day</b> <b>202 Cusick Ct</b> <b>Murfreesboro, TN 37128</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>\$2,153.85</b>	<b>\$0.00</b>
Date or dates debt was incurred		Basis for the claim:			
Last 4 digits of account number		Is the claim subject to offset?			
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

## American Sleep Medicine 2nd Amended Disclosure Statement

Debtor **American Sleep Medicine LLC**  
Name

Case number (if known)

**3:21-bk-02741**

2.103	Priority creditor's name and mailing address <b>Madalyn Montes</b> <b>4403 Knightsbridge Blvd</b> <b>Sugar Land, TX 77479</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$640.35</b>	<b>\$640.35</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.104	Priority creditor's name and mailing address <b>Marisela Sanchez</b> <b>453 N Emerald Dr</b> <b>Orange, CA 92868</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$750.55</b>	<b>\$750.55</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.105	Priority creditor's name and mailing address <b>Maritza Mendiola-Flores</b> <b>731 8th Ave</b> <b>Wilmington, DE 19808</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$428.17</b>	<b>\$428.17</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.106	Priority creditor's name and mailing address <b>Mark Borgel</b> <b>204 Redmar Blvd</b> <b>Radcliff, KY 40160</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$867.50</b>	<b>\$0.00</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

## American Sleep Medicine 2nd Amended Disclosure Statement

Debtor **American Sleep Medicine LLC**  
Name

Case number (if known)

**3:21-bk-02741**

2.107	Priority creditor's name and mailing address <b>Marlon Sampson</b> <b>3511 Dunedin Dr Apt 102</b> <b>Chesapeake, VA 23321</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,500.00</b>	<b>\$1,500.00</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.108	Priority creditor's name and mailing address <b>Mary Oliver</b> <b>1698 Ponderosa Pine Dr W</b> <b>Jacksonville, FL 32225</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,600.13</b>	<b>\$1,600.13</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.109	Priority creditor's name and mailing address <b>McKenzie Foster</b> <b>6504 Fernill Ct</b> <b>Louisville, KY 40291</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,068.25</b>	<b>\$0.00</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.110	Priority creditor's name and mailing address <b>Meghan Thompson</b> <b>44 History Ct</b> <b>Wentzville, MO 63385</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,310.42</b>	<b>\$1,310.42</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		



## American Sleep Medicine 2nd Amended Disclosure Statement

Debtor	Name	Case number (if known)		
	<b>American Sleep Medicine LLC</b>		<b>3:21-bk-02741</b>	
2.111	Priority creditor's name and mailing address <b>Melissa Coleman</b> <b>170 Sharpe St.</b> <b>Sterrett, AL 35147</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,499.73</b>	<b>\$0.00</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.112	Priority creditor's name and mailing address <b>Michele Fucci</b> <b>5541 Greatpine Lane N</b> <b>Jacksonville, FL 32244</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,444.05</b>	<b>\$1,444.05</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.113	Priority creditor's name and mailing address <b>Michelle Hutson</b> <b>1327 Lake Asbury Dr</b> <b>Green Cove Springs, FL 32043</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,285.58</b>	<b>\$2,285.58</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.114	Priority creditor's name and mailing address <b>Miranda Wyatt</b> <b>4825 Sherburn Ln #110</b> <b>Louisville, KY 40207</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,270.50</b>	<b>\$1,270.50</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

## American Sleep Medicine 2nd Amended Disclosure Statement

Debtor **American Sleep Medicine LLC**  
Name

Case number (if known)

**3:21-bk-02741**

2.115	Priority creditor's name and mailing address <b>Monica Paire</b> <b>1128 West Cross St</b> <b>Baltimore, MD 21230</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,085.62</b>	<b>\$1,085.62</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.116	Priority creditor's name and mailing address <b>Nichole Leno</b> <b>7200 Powers Ave Apt 75</b> <b>Jacksonville, FL 32217</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,495.88</b>	<b>\$1,495.88</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.117	Priority creditor's name and mailing address <b>Odette Toro Alvarez</b> <b>13322 Tropic Egret Dr</b> <b>Jacksonville, FL 32224</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,076.92</b>	<b>\$2,076.92</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.118	Priority creditor's name and mailing address <b>Omar Ramirez</b> <b>564 Arizona St Apt 114</b> <b>Chula Vista, CA 91911</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,080.00</b>	<b>\$1,080.00</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

## American Sleep Medicine 2nd Amended Disclosure Statement

Debtor **American Sleep Medicine LLC**  
Name

Case number (if known)

**3:21-bk-02741**

2.119	Priority creditor's name and mailing address <b>Pamela Starr</b> <b>2318 Tavenor Dr</b> <b>Louisville, KY 40242</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,923.08</b>	<b>\$1,923.08</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.120	Priority creditor's name and mailing address <b>Penn Martin</b> <b>2655 College St</b> <b>Jacksonville, FL 32204</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,177.74</b>	<b>\$1,177.74</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.121	Priority creditor's name and mailing address <b>Peyton Machado</b> <b>10010 Skinner Lake Dr #232</b> <b>Jacksonville, FL 32246</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,303.20</b>	<b>\$1,303.20</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.122	Priority creditor's name and mailing address <b>Rajko Kovacevic</b> <b>316 Walnut St</b> <b>Waynesboro, PA 17268</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,073.00</b>	<b>\$2,073.00</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

## American Sleep Medicine 2nd Amended Disclosure Statement

Debtor **American Sleep Medicine LLC**  
Name

Case number (if known)

**3:21-bk-02741**

2.123	Priority creditor's name and mailing address <b>Rebecca Kpagbi</b> <b>19853 Century Blvd Apt 203</b> <b>Germantown, MD 20874</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,480.78</b>	<b>\$2,480.78</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.124	Priority creditor's name and mailing address <b>Rebekah Wolverton</b> <b>5729 Main St</b> <b>Mount Jackson, VA 22842</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,500.00</b>	<b>\$2,500.00</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.125	Priority creditor's name and mailing address <b>Renee Wallace</b> <b>25 Millswood Dr</b> <b>Clarksville, TN 37042</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,377.00</b>	<b>\$1,377.00</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.126	Priority creditor's name and mailing address <b>Richard Robb</b> <b>115 Drew Ln</b> <b>Bell Buckle, TN 37020</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,348.75</b>	<b>\$2,348.75</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

## American Sleep Medicine 2nd Amended Disclosure Statement

Debtor **American Sleep Medicine LLC**  
Name

Case number (if known)

**3:21-bk-02741**

2.127	Priority creditor's name and mailing address <b>Robert J Anderson</b> <b>4657 Rocky Hollow Dr.</b> <b>Indianapolis, IN 46239</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$320.50</b>	<b>\$0.00</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.128	Priority creditor's name and mailing address <b>Robert Lacey</b> <b>13370 Grouse Point Tr</b> <b>Carmel, IN 46033</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,423.08</b>	<b>\$2,423.08</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.129	Priority creditor's name and mailing address <b>Robert Ntondji</b> <b>7227 Mill Creek Ct</b> <b>Laurel, MD 20707</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,312.00</b>	<b>\$2,312.00</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.130	Priority creditor's name and mailing address <b>Robert Pritchard</b> <b>6223 Camden Cir</b> <b>Crestwood, KY 40014</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,500.00</b>	<b>\$2,500.00</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

## American Sleep Medicine 2nd Amended Disclosure Statement

Debtor **American Sleep Medicine LLC**  
Name

Case number (if known)

**3:21-bk-02741**

2.131	Priority creditor's name and mailing address <b>Robert Solomon</b> <b>11584 Lake Ride Dr</b> <b>Jacksonville, FL 32223</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,334.03</b>	<b>\$1,334.03</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.132	Priority creditor's name and mailing address <b>Robin Dantilux</b> <b>3500 University Blvd N Apt 2632</b> <b>Jacksonville, FL 32277</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,145.00</b>	<b>\$0.00</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.133	Priority creditor's name and mailing address <b>Rochelle Pottinger</b> <b>5601 Edenfield Rd</b> <b>Jacksonville, FL 32277</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$719.75</b>	<b>\$719.75</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.134	Priority creditor's name and mailing address <b>Rose Samuel</b> <b>11247 San Jose Blvd Apt 2108</b> <b>Jacksonville, FL 32223</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,660.05</b>	<b>\$1,660.05</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

## American Sleep Medicine 2nd Amended Disclosure Statement

Debtor **American Sleep Medicine LLC**  
Name

Case number (if known)

**3:21-bk-02741**

2.135	Priority creditor's name and mailing address <b>Ruth Dorsey</b> <b>1124 Taylor Wood Rd.</b> <b>Simpsonville, KY 40067</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$982.00</b>	<b>\$0.00</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.136	Priority creditor's name and mailing address <b>Ryanne Foutch</b> <b>7103 Beard Ct</b> <b>La Vergne, TN 37086</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,305.20</b>	<b>\$1,305.20</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.137	Priority creditor's name and mailing address <b>Samantha McDonald</b> <b>19303 Lake Hollow Ln</b> <b>Houston, TX 77084</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,635.75</b>	<b>\$1,635.75</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.138	Priority creditor's name and mailing address <b>Sandra B Sandefur</b> <b>13362 Harrington Loop</b> <b>Vance, AL 35490</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,050.03</b>	<b>\$1,050.03</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

## American Sleep Medicine 2nd Amended Disclosure Statement

Debtor	Name	Case number (if known)		
	<b>American Sleep Medicine LLC</b>		<b>3:21-bk-02741</b>	
2.139	Priority creditor's name and mailing address <b>Sandra King</b> <b>2412 Sam Rd</b> <b>Jacksonville, FL 32216</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,507.75</b>	<b>\$1,507.75</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.140	Priority creditor's name and mailing address <b>Sara Hignight</b> <b>3210 Oakwood Cove</b> <b>Olive Branch, MS 38654</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,566.80</b>	<b>\$1,566.80</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.141	Priority creditor's name and mailing address <b>Sarai Coronado-Ziadie</b> <b>17 Desellum Ave</b> <b>Gaithersburg, MD 20877</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$841.07</b>	<b>\$0.00</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.142	Priority creditor's name and mailing address <b>Seanna Shaw</b> <b>25744 Valley Park Terrace</b> <b>Damascus, MD 20872</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,502.85</b>	<b>\$1,502.85</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		



## American Sleep Medicine 2nd Amended Disclosure Statement

Debtor **American Sleep Medicine LLC**  
Name

Case number (if known)

**3:21-bk-02741**

2.143	Priority creditor's name and mailing address <b>Seveneh Jenkins</b> <b>1709 Molly Dr.</b> <b>Birmingham, AL 35235</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$630.37</b>	<b>\$630.37</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.144	Priority creditor's name and mailing address <b>Shari Marotta</b> <b>3601 Buckholt Street</b> <b>Pearland, TX 77581</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,692.31</b>	<b>\$2,692.31</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.145	Priority creditor's name and mailing address <b>Shawna L Anderson</b> <b>3629 Longridge Ct</b> <b>Abingdon, MD 21009</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,249.00</b>	<b>\$0.00</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.146	Priority creditor's name and mailing address <b>Sheila Hall</b> <b>3145 Vera Valley Rd</b> <b>Franklin, TN 37064</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$53.07</b>	<b>\$53.07</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

## American Sleep Medicine 2nd Amended Disclosure Statement

Debtor **American Sleep Medicine LLC**  
Name

Case number (if known)

**3:21-bk-02741**

2.147	Priority creditor's name and mailing address <b>Shelby O'Brien</b> <b>3015 Apple Valley Ln</b> <b>Birmingham, AL 35215</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,500.00</b>	<b>\$2,500.00</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.148	Priority creditor's name and mailing address <b>Sherae Smith</b> <b>100 Old York Rd Apt 904</b> <b>Jenkintown, PA 19046</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$323.10</b>	<b>\$323.10</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.149	Priority creditor's name and mailing address <b>Sophia Stewart</b> <b>3500 University Blvd N Apt 2632</b> <b>Jacksonville, FL 32277</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,517.95</b>	<b>\$1,517.95</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.150	Priority creditor's name and mailing address <b>Soufiane Faris</b> <b>1950 E 16th St M207</b> <b>Newport Beach, CA 92663</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,500.00</b>	<b>\$0.00</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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Debtor **American Sleep Medicine LLC**  
Name

Case number (if known)

**3:21-bk-02741**

2.151	Priority creditor's name and mailing address <b>Stephanie Sprague</b> <b>3017 Chief Ridaught Tr</b> <b>Middleburg, FL 32068</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,038.46</b>	<b>\$2,038.46</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.152	Priority creditor's name and mailing address <b>Summer Powell</b> <b>1036 Preakness Ct</b> <b>Jacksonville, FL 32218</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,444.65</b>	<b>\$1,444.65</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.153	Priority creditor's name and mailing address <b>Takeria Whitehead</b> <b>3062 Latimer Rd</b> <b>Horn Lake, MS 38637</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,820.40</b>	<b>\$1,820.40</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.154	Priority creditor's name and mailing address <b>Tania Shuman</b> <b>1157 Creeks Ridge Rd</b> <b>Jacksonville, FL 32225</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,976.50</b>	<b>\$1,976.50</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

## American Sleep Medicine 2nd Amended Disclosure Statement

Debtor **American Sleep Medicine LLC**  
Name

Case number (if known)

**3:21-bk-02741**

2.155	Priority creditor's name and mailing address <b>Taysa Tehada-Fernandez</b> <b>49 Arden Ave</b> <b>New Castle, DE 19720</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,421.50</b>	<b>\$2,421.50</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.156	Priority creditor's name and mailing address <b>Terry Crutch</b> <b>PO Box 1161</b> <b>Town Creek, AL 35672</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,282.28</b>	<b>\$0.00</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.157	Priority creditor's name and mailing address <b>Theresa Holmes</b> <b>118 Sunset Farms Rd</b> <b>Coxs Creek, KY 40013</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$3,606.55</b>	<b>\$3,606.55</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.158	Priority creditor's name and mailing address <b>Thomaria Dawkins</b> <b>10730 Westonhill Dr.</b> <b>San Diego, CA 92126</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,467.45</b>	<b>\$0.00</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

## American Sleep Medicine 2nd Amended Disclosure Statement

Debtor	American Sleep Medicine LLC		Case number (if known)	3:21-bk-02741	
Name					
2.159	Priority creditor's name and mailing address <b>Tina Bibee</b> <b>469 Bentwood Ln Apt B</b> <b>Orange Park, FL 32073</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>\$1,385.10</b>	<b>\$0.00</b>
Date or dates debt was incurred		Basis for the claim:			
Last 4 digits of account number		Is the claim subject to offset?			
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.160	Priority creditor's name and mailing address <b>Tyra Dunn</b> <b>1535 45th St NE</b> <b>Washington, DC 20019</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>\$257.70</b>	<b>\$0.00</b>
Date or dates debt was incurred		Basis for the claim:			
Last 4 digits of account number		Is the claim subject to offset?			
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.161	Priority creditor's name and mailing address <b>Valerie O'Farrell</b> <b>7322 Maple Walk Dr</b> <b>Humble, TX 77346</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>\$1,744.45</b>	<b>\$1,744.45</b>
Date or dates debt was incurred		Basis for the claim:			
Last 4 digits of account number		Is the claim subject to offset?			
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.162	Priority creditor's name and mailing address <b>Victoria Gaytan</b> <b>5901 Woodland Trace Blvd</b> <b>Indianapolis, IN 46237</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>\$1,198.63</b>	<b>\$1,198.63</b>
Date or dates debt was incurred		Basis for the claim:			
Last 4 digits of account number		Is the claim subject to offset?			
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

## American Sleep Medicine 2nd Amended Disclosure Statement

Debtor **American Sleep Medicine LLC**  
Name

Case number (if known)

**3:21-bk-02741**

2.163	Priority creditor's name and mailing address <b>Victoria Hammer</b> <b>8922 Driftstone Dr</b> <b>Spring, TX 77379</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$354.88</b>	<b>\$354.88</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.164	Priority creditor's name and mailing address <b>Wahid T Atmar</b> <b>43489 Towngate Sq</b> <b>Chantilly, VA 20152</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,500.00</b>	<b>\$0.00</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.165	Priority creditor's name and mailing address <b>Wesley Hammox</b> <b>110 Old Stone Cir</b> <b>Manchester, TN 37355</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,423.08</b>	<b>\$2,423.08</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.166	Priority creditor's name and mailing address <b>William Kitterman</b> <b>4908 Fury Way</b> <b>Louisville, KY 40258</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$297.08</b>	<b>\$297.08</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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Debtor **American Sleep Medicine LLC**  
Name

Case number (if known)

**3:21-bk-02741**

2.167	Priority creditor's name and mailing address <b>William Mazer</b> <b>4542 Oak Bay Dr</b> <b>Jacksonville, FL 32277</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$3,115.38</b>	<b>\$3,115.38</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.168	Priority creditor's name and mailing address <b>Yohannes Eyob</b> <b>9601 East Light Dr</b> <b>Silver Spring, MD 20903</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,997.00</b>	<b>\$0.00</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim
3.1	Nonpriority creditor's name and mailing address <b>Access Voice &amp; Data Sol</b> <b>1441 Lincoln Ave</b> <b>Louisville, KY 40213</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$802.50</b>
3.2	Nonpriority creditor's name and mailing address <b>Acorn Belfort Park</b> <b>4500 Salisbury Rd Ste 420</b> <b>Jacksonville, FL 32216</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <b>NOTICE ONLY</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.3	Nonpriority creditor's name and mailing address <b>Alaa Keliny</b> <b>1031 Glastonbury Rd</b> <b>Nashville, TN 37217</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$88.30</b>

## American Sleep Medicine 2nd Amended Disclosure Statement

Debtor **American Sleep Medicine LLC**  
NameCase number (if known) **3:21-bk-02741**

3.4	<b>Nonpriority creditor's name and mailing address</b> <b>Alan Wynne</b> <b>8031 SW 12th St</b> <b>Topeka, KS 66615</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$120.22</b>
3.5	<b>Nonpriority creditor's name and mailing address</b> <b>Amanda Behn</b> <b>7734 Trailwind Dr</b> <b>Cincinnati, OH 45242</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$887.63</b>
3.6	<b>Nonpriority creditor's name and mailing address</b> <b>Amelia Aguilar</b> <b>10075 Gate Pkwy N #309</b> <b>Jacksonville, FL 32246</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$264.52</b>
3.7	<b>Nonpriority creditor's name and mailing address</b> <b>Amerco Real Estate</b> <b>2727 N Central Ave Ste 500</b> <b>Phoenix, AZ 85004</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <b>NOTICE ONLY</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.8	<b>Nonpriority creditor's name and mailing address</b> <b>Anago Cleaning Systems</b> <b>7563 Phillips Hwy Bldv 300</b> <b>Suite 301</b> <b>Jacksonville, FL 32256</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,664.75</b>
3.9	<b>Nonpriority creditor's name and mailing address</b> <b>Angelia Daugherty</b> <b>8111 Aspen Glen Dr</b> <b>Louisville, KY 40228</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$40.78</b>
3.10	<b>Nonpriority creditor's name and mailing address</b> <b>AT&amp;T</b> <b>ATTN: BANKRUPTCY DEPT</b> <b>4331 COMMUNICATIONS DR #4W</b> <b>DALLAS, TX 75211</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$18,753.56</b>



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3.11	<b>Nonpriority creditor's name and mailing address</b> <b>AT&amp;T</b> <b>ATTN: BANKRUPTCY DEPT</b> <b>4331 COMMUNICATIONS DR #4W</b> <b>DALLAS, TX 75211</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$20.00</b>
3.12	<b>Nonpriority creditor's name and mailing address</b> <b>Atlas Alarms LLC</b> <b>c/o Cornerstone Billing</b> <b>PO Box 428</b> <b>Bedford Park, IL 60499</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$129.90</b>
3.13	<b>Nonpriority creditor's name and mailing address</b> <b>AZJ Cleaning</b> <b>1408 Ave H Apt 10</b> <b>South Houston, TX 77587</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$324.00</b>
3.14	<b>Nonpriority creditor's name and mailing address</b> <b>BC Commercial Prop</b> <b>1655 International PI Dr Ste 205</b> <b>Memphis, TN 38120</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$14,505.65</b>
3.15	<b>Nonpriority creditor's name and mailing address</b> <b>Belfort 3 Partner</b> <b>c/o NAI Hallmark</b> <b>6675 Corporate Center pkwy Ste 100</b> <b>Jacksonville, FL 32216</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$28,556.71</b>
3.16	<b>Nonpriority creditor's name and mailing address</b> <b>Benita Spencer</b> <b>4718 Bob Brill Rd</b> <b>Bessemer, AL 35022</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$44.58</b>
3.17	<b>Nonpriority creditor's name and mailing address</b> <b>Boone Blvd Owner</b> <b>PO Box 821332</b> <b>Philadelphia, PA 19182</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$36,028.30</b>

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3.18	<b>Nonpriority creditor's name and mailing address</b> <b>Boxwood Technology</b> <b>PO Box 677248</b> <b>Dallas, TX 75267</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,842.50</b>
3.19	<b>Nonpriority creditor's name and mailing address</b> <b>Brandi Olds</b> <b>1669 Kirby Pkwy Suite 110</b> <b>Memphis, TN 38120</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$157.82</b>
3.20	<b>Nonpriority creditor's name and mailing address</b> <b>Brian Burbank</b> <b>607 E South A St</b> <b>Gas City, IN 46933</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$91.00</b>
3.21	<b>Nonpriority creditor's name and mailing address</b> <b>Brian Towell</b> <b>1630 S Greystone Ct</b> <b>Bloomington, IN 47401</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$99.60</b>
3.22	<b>Nonpriority creditor's name and mailing address</b> <b>Bridges for the Deaf</b> <b>935 Edgehill Ave</b> <b>Nashville, TN 37203</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$280.00</b>
3.23	<b>Nonpriority creditor's name and mailing address</b> <b>Building Stars</b> <b>PO Box 419161</b> <b>Saint Louis, MO 63141</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,190.00</b>
3.24	<b>Nonpriority creditor's name and mailing address</b> <b>Careerbuilder.com</b> <b>13047 Collection Center Dr</b> <b>Chicago, IL 60693</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,000.00</b>

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3.25	<b>Nonpriority creditor's name and mailing address</b> <b>CEC 200 LLC</b> <b>200 Continental Dr Ste 200</b> <b>Newark, DE 19713</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$19,278.15</b>
3.26	<b>Nonpriority creditor's name and mailing address</b> <b>CGS Administrators</b> <b>PO Box 957065</b> <b>Saint Louis, MO 63195</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$435.09</b>
3.27	<b>Nonpriority creditor's name and mailing address</b> <b>Chad Hauseman</b> <b>4609 Marsh Hawk Pl</b> <b>Ponte Vedra Beach, FL 32082</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$241.31</b>
3.28	<b>Nonpriority creditor's name and mailing address</b> <b>Chayn Mousa</b> <b>13455 Cutten Rd Ste 1B</b> <b>Houston, TX 77069</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$17,310.00</b>
3.29	<b>Nonpriority creditor's name and mailing address</b> <b>Chris Douglas Dickens - The Object</b> <b>4825 Arroyo Tr</b> <b>Louisville, KY 40229</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$726.00</b>
3.30	<b>Nonpriority creditor's name and mailing address</b> <b>Chris Pritchard</b> <b>4010 DuPont Cir Ste 122</b> <b>Louisville, KY 40207</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$43.56</b>
3.31	<b>Nonpriority creditor's name and mailing address</b> <b>Christin McCumber</b> <b>32035 Joseph Rd</b> <b>Hockley, TX 77447</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$250.00</b>

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3.32	<b>Nonpriority creditor's name and mailing address</b> <b>Christopher Debnam</b> <b>5 Tender Ct</b> <b>Wilmington, DE 19808</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$16.52</b>
3.33	<b>Nonpriority creditor's name and mailing address</b> <b>Cirro Energy</b> <b>Us Retailers LLC</b> <b>PO Box 660004</b> <b>Dallas, TX 75266</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$660.54</b>
3.34	<b>Nonpriority creditor's name and mailing address</b> <b>City Wide Maintenance Co Inc</b> <b>15230 West 105th Terrace</b> <b>Lenexa, KS 66219</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$108.21</b>
3.35	<b>Nonpriority creditor's name and mailing address</b> <b>CNA Insurance</b> <b>PO Box 74007619</b> <b>Chicago, IL 60674</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,027.08</b>
3.36	<b>Nonpriority creditor's name and mailing address</b> <b>Comcast</b> <b>PO Box 71211</b> <b>Charlotte, NC 28272</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$390.36</b>
3.37	<b>Nonpriority creditor's name and mailing address</b> <b>Comcast</b> <b>PO Box 3001</b> <b>Southeastern, PA 19398</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$862.36</b>
3.38	<b>Nonpriority creditor's name and mailing address</b> <b>Comcast</b> <b>PO Box 660618</b> <b>Dallas, TX 75266</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$670.26</b>

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3.39	<b>Nonpriority creditor's name and mailing address</b> <b>Comptroller of MD</b> <b>Revenue Admin Division</b> <b>110 Carroll St</b> <b>Annapolis, MD 21411</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$76.09</b>
3.40	<b>Nonpriority creditor's name and mailing address</b> <b>Cooks Pest Control</b> <b>PO Box 341898</b> <b>Memphis, TN 38184</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$150.00</b>
3.41	<b>Nonpriority creditor's name and mailing address</b> <b>Cooper Pest Solutions</b> <b>351 Lawrence Station Rd</b> <b>Lawrence Township, NJ 08648</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3.30</b>
3.42	<b>Nonpriority creditor's name and mailing address</b> <b>Crystal Springs</b> <b>PO Box 660579</b> <b>Dallas, TX 75266</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$413.10</b>
3.43	<b>Nonpriority creditor's name and mailing address</b> <b>Cube Smart</b> <b>8585 Touchton Rd</b> <b>Jacksonville, FL 32216</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$606.08</b>
3.44	<b>Nonpriority creditor's name and mailing address</b> <b>Cypress Creek Pest Control</b> <b>PO Box 690548</b> <b>Houston, TX 77269</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$83.55</b>
3.45	<b>Nonpriority creditor's name and mailing address</b> <b>Cyramcom LLC</b> <b>PO Box 74008083</b> <b>Chicago, IL 60674</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$184.26</b>

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3.46	<b>Nonpriority creditor's name and mailing address</b> <b>DAL Maintenance LLC</b> <b>Attn: Accts Dept.</b> <b>Po Box 388</b> <b>Kemah, TX 77565</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,575.00</b>
3.47	<b>Nonpriority creditor's name and mailing address</b> <b>David Yee</b> <b>3310 Lauren Oaks Ct</b> <b>Herndon, VA 20171</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$54.22</b>
3.48	<b>Nonpriority creditor's name and mailing address</b> <b>DBL Law</b> <b>207 Thomas More Pkwy</b> <b>Ft Mitchell, KY 41017</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,915.50</b>
3.49	<b>Nonpriority creditor's name and mailing address</b> <b>Deanna Sides</b> <b>2985 Old Brownsville Rd</b> <b>Memphis, TN 38134</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$100.29</b>
3.50	<b>Nonpriority creditor's name and mailing address</b> <b>Delta Telephone and Cabling Inc</b> <b>2131 Espey Ct Suite 16</b> <b>Crofton, MD 21114</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,850.00</b>
3.51	<b>Nonpriority creditor's name and mailing address</b> <b>Design Resource Cer</b> <b>PO Box 43565</b> <b>Birmingham, AL 35243</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$23,629.34</b>
3.52	<b>Nonpriority creditor's name and mailing address</b> <b>Diana Whetstone</b> <b>29517 County Rd 10</b> <b>Elkhart, IN 46514</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$16.81</b>

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3.53	<b>Nonpriority creditor's name and mailing address</b> <b>DL Williams Electric Co Inc</b> <b>11630 Columbia Park Dr E</b> <b>Jacksonville, FL 32258</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$546.00</b>
3.54	<b>Nonpriority creditor's name and mailing address</b> <b>Dr. Ammar Almasalkhi</b> <b>18710 Brookeshade Ln</b> <b>Louisville, KY 40245</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,000.00</b>
3.55	<b>Nonpriority creditor's name and mailing address</b> <b>Dr. Aneesa Keya</b> <b>14400 Quietwood Terrace N</b> <b>Gaithersburg, MD 20878</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,194.37</b>
3.56	<b>Nonpriority creditor's name and mailing address</b> <b>Dr. Bao</b> <b>6699 Alvarado Rd. Ste 2306</b> <b>San Diego, CA 92120</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,000.00</b>
3.57	<b>Nonpriority creditor's name and mailing address</b> <b>Dr. Bertrand De Silva</b> <b>4121 Brockton Ave Ste 104</b> <b>Riverside, CA 92501</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,000.00</b>
3.58	<b>Nonpriority creditor's name and mailing address</b> <b>Dr. Giangreco MD</b> <b>1741 Allerford Dr.</b> <b>Hanover, MD 21076</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$938.47</b>
3.59	<b>Nonpriority creditor's name and mailing address</b> <b>Dr. Houman Dahi</b> <b>501 Washington Stt Suite 725</b> <b>San Diego, CA 92103</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,153.20</b>

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3.60	<b>Nonpriority creditor's name and mailing address</b> <b>Dr. Imran Sharief</b> <b>5114 E Crescent Dr.</b> <b>Anaheim, CA 92807</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,000.00</b>
3.61	<b>Nonpriority creditor's name and mailing address</b> <b>Dr. James Roth</b> <b>1600 McArthur St</b> <b>Manchester, TN 37355</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,000.00</b>
3.62	<b>Nonpriority creditor's name and mailing address</b> <b>Dr. Joshua Aaron MD</b> <b>6 Angelica Dr</b> <b>Avondale, PA 19311</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,375.00</b>
3.63	<b>Nonpriority creditor's name and mailing address</b> <b>Dr. Kunwar Vohra</b> <b>Attn: Mark Anselment Ascension Ned</b> <b>250 W 96th St Suite 520</b> <b>Indianapolis, IN 46260</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,000.00</b>
3.64	<b>Nonpriority creditor's name and mailing address</b> <b>Dr. Mahmood Dweik</b> <b>1412 Caine Hill Ct.</b> <b>League City, TX 77573</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$500.00</b>
3.65	<b>Nonpriority creditor's name and mailing address</b> <b>Dr. Mark Miller MD</b> <b>3922 Clarks Meadow Dr</b> <b>Glenwood, MD 21738</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,650.00</b>
3.66	<b>Nonpriority creditor's name and mailing address</b> <b>Dr. Martha Hagaman</b> <b>523 Sandpiper Cir</b> <b>Nashville, TN 37221</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,125.00</b>



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3.67	<b>Nonpriority creditor's name and mailing address</b> <b>Dr. Muhammad Zamar</b> <b>PO BOX 2285</b> <b>Cordova, TN 38088</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$500.00</b>
3.68	<b>Nonpriority creditor's name and mailing address</b> <b>Dr. Muhammed Niaz</b> <b>107 N Bridge St</b> <b>Elkton, MD 21921</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$125.00</b>
3.69	<b>Nonpriority creditor's name and mailing address</b> <b>Dr. R Dughly</b> <b>325 Hospital Dr</b> <b>Glen Burnie, MD 21061</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,209.04</b>
3.70	<b>Nonpriority creditor's name and mailing address</b> <b>Dr. Richard Hoffman</b> <b>8101 Hinson Farm Rd. Ste 306</b> <b>Alexandria, VA 22306</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,750.00</b>
3.71	<b>Nonpriority creditor's name and mailing address</b> <b>Dr. Richard Parcinski</b> <b>4200 N Cloverleaf Dr Ste G</b> <b>Saint Peters, MO 63376</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,000.00</b>
3.72	<b>Nonpriority creditor's name and mailing address</b> <b>Dr. Salah Bagnoli</b> <b>3599 University Blvd S Ste 901</b> <b>Jacksonville, FL 32216</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,588.50</b>
3.73	<b>Nonpriority creditor's name and mailing address</b> <b>Dr. Sangjin Oh MDF</b> <b>1412 Crain Hwy N Ste 6 A</b> <b>Glen Burnie, MD 21061</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,975.46</b>

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3.74	<b>Nonpriority creditor's name and mailing address</b> <b>Dr. Sorresso</b> <b>200 Blue Indigo Ct</b> <b>Ponte Vedra Beach, FL 32082</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,000.00</b>
3.75	<b>Nonpriority creditor's name and mailing address</b> <b>Dr. Strahil Atanasov</b> <b>2814 Creek Bend Dr</b> <b>Friendswood, TX 77546</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,000.00</b>
3.76	<b>Nonpriority creditor's name and mailing address</b> <b>Dr. Syed Nabi MDF</b> <b>157 Resource Center Pkwy Ste 115A</b> <b>Birmingham, AL 35242</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,898.70</b>
3.77	<b>Nonpriority creditor's name and mailing address</b> <b>Dr. Toenjes</b> <b>Attn: Erin Doty</b> <b>1890 Linehouse St</b> <b>Ponte Vedra Beach, FL 32082</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$250.00</b>
3.78	<b>Nonpriority creditor's name and mailing address</b> <b>Dr. Wojciech Ornowski</b> <b>16105 La Salle St</b> <b>South Holland, IL 60473</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,000.00</b>
3.79	<b>Nonpriority creditor's name and mailing address</b> <b>Eco-Pest Inc</b> <b>814 Bay Star Blvd</b> <b>Webster, TX 77598</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$79.02</b>
3.80	<b>Nonpriority creditor's name and mailing address</b> <b>Ecolab Inc</b> <b>26252 Network Pl</b> <b>Chicago, IL 60673</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$154.26</b>

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3.81	<b>Nonpriority creditor's name and mailing address</b> <b>Erin Smith</b> <b>14914 W 74th St</b> <b>Shawnee, KS 66216</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$244.37</b>
3.82	<b>Nonpriority creditor's name and mailing address</b> <b>Evelyn Sulecki</b> <b>90 W Mill Station Dr</b> <b>Newark, DE 19711</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$72.07</b>
3.83	<b>Nonpriority creditor's name and mailing address</b> <b>FedEx</b> <b>PO Box 660481</b> <b>Dallas, TX 75266</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,602.01</b>
3.84	<b>Nonpriority creditor's name and mailing address</b> <b>Fein, Such, Kahn &amp; Shepherd</b> <b>7 Century Dr.</b> <b>Suite 201</b> <b>Parsippany, NJ 07054</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$22.50</b>
3.85	<b>Nonpriority creditor's name and mailing address</b> <b>Fire and Water LLC</b> <b>c/o Hoffman Development Co</b> <b>727 Craig Rd Ste 100</b> <b>Saint Louis, MO 63141</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$16,350.40</b>
3.86	<b>Nonpriority creditor's name and mailing address</b> <b>Florida Blue</b> <b>4800 Deerwood Campus Pkwy</b> <b>Corporate Cash Receipts 1-3</b> <b>Jacksonville, FL 32246</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$43,403.03</b>
3.87	<b>Nonpriority creditor's name and mailing address</b> <b>Florida Combined Life Dental</b> <b>Dept 1158</b> <b>Po Box 121158</b> <b>Dallas, TX 75312</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,029.51</b>

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3.88	<b>Nonpriority creditor's name and mailing address</b> <b>Forrest Livingood</b> <b>1420 Litton Ave</b> <b>Nashville, TN 37216</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,000.00</b>
3.89	<b>Nonpriority creditor's name and mailing address</b> <b>Gabriela Bija</b> <b>1412 Tampa Ct</b> <b>Murfreesboro, TN 37129</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$411.81</b>
3.90	<b>Nonpriority creditor's name and mailing address</b> <b>GFL Environmental</b> <b>3301 Benson Dr. Ste 601</b> <b>Raleigh, NC 27609</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$420.73</b>
3.91	<b>Nonpriority creditor's name and mailing address</b> <b>Ghods Law Firm</b> <b>2100 N Broadway St</b> <b>Ste 210</b> <b>Santa Ana, CA 92706</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$128,083.61</b>
3.92	<b>Nonpriority creditor's name and mailing address</b> <b>Gregory Creason</b> <b>2819 Wood Haul Ct</b> <b>League City, TX 77573</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$295.75</b>
3.93	<b>Nonpriority creditor's name and mailing address</b> <b>Henry Schein Inc</b> <b>PO Box 371952</b> <b>Pittsburgh, PA 15250</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$309.02</b>
3.94	<b>Nonpriority creditor's name and mailing address</b> <b>Hercules Houston Partner</b> <b>2660 Townsgate Rd Ste 130</b> <b>Westlake Village, CA 91361</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$36,028.30</b>

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3.95	<b>Nonpriority creditor's name and mailing address</b> <b>Hiller Companies</b> <b>PO Box 935434</b> <b>Atlanta, GA 31193</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$99.00</b>
3.96	<b>Nonpriority creditor's name and mailing address</b> <b>Home Medical Products Inc.</b> <b>232 State St</b> <b>Jackson, TN 38301</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$203.00</b>
3.97	<b>Nonpriority creditor's name and mailing address</b> <b>I Dream of Cleaning</b> <b>Shannon T Brown</b> <b>2258 Cardinal Dr.</b> <b>San Diego, CA 92123</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,300.00</b>
3.98	<b>Nonpriority creditor's name and mailing address</b> <b>IN-9240 Meridian LLC</b> <b>20416 Harper Ave</b> <b>Harper Woods, MI 48225</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$27,845.88</b>
3.99	<b>Nonpriority creditor's name and mailing address</b> <b>Inga Sinyangwe</b> <b>10 Hilary Cir</b> <b>New Castle, DE 19720</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$480.52</b>
3.100	<b>Nonpriority creditor's name and mailing address</b> <b>IPFS Corp</b> <b>24722 Network Pl</b> <b>Chicago, IL 60673</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,318.07</b>
3.101	<b>Nonpriority creditor's name and mailing address</b> <b>Jacob Hutchinson</b> <b>233 Brentwood Dr</b> <b>Dry Ridge, KY 41035</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$158.09</b>

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3.102	<b>Nonpriority creditor's name and mailing address</b> <b>James Bowman</b> <b>210 Hailey Ave</b> <b>Brooklyn, MD 21225</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$183.41</b>
3.103	<b>Nonpriority creditor's name and mailing address</b> <b>Jan-Pro of Washington DC</b> <b>10801 Main St Suite 100</b> <b>Fairfax, VA 22030</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,396.04</b>
3.104	<b>Nonpriority creditor's name and mailing address</b> <b>Jani-King of Birmingham</b> <b>2469 Sunset Point Rd</b> <b>Clearwater, FL 33765</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,628.00</b>
3.105	<b>Nonpriority creditor's name and mailing address</b> <b>JEA</b> <b>PO Box 45047</b> <b>Jacksonville, FL 32232</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,623.90</b>
3.106	<b>Nonpriority creditor's name and mailing address</b> <b>Jeffrey Adams</b> <b>PO Box 12695</b> <b>Kansas City, MO 64116</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$284.77</b>
3.107	<b>Nonpriority creditor's name and mailing address</b> <b>Jerry Lauch</b> <b>Po Box A Q</b> <b>Carmel by the Sea, CA 93921</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,175.56</b>
3.108	<b>Nonpriority creditor's name and mailing address</b> <b>Johnny Fossett</b> <b>8937 Yeaman Dr</b> <b>Jacksonville, FL 32208</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$28.58</b>

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3.109	<b>Nonpriority creditor's name and mailing address</b> <b>Johnson Controls Fire Protection</b> <b>Dept CH 10320</b> <b>Palatine, IL 60074</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$171.74</b>
3.110	<b>Nonpriority creditor's name and mailing address</b> <b>Jonathan Ronk</b> <b>9619 Quarter Moon Dr</b> <b>Pendleton, IN 46064</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$190.00</b>
3.111	<b>Nonpriority creditor's name and mailing address</b> <b>Joseph Riding</b> <b>732 Fawn Rd</b> <b>Newark, DE 19711</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$40.00</b>
3.112	<b>Nonpriority creditor's name and mailing address</b> <b>Justin Burns</b> <b>510 W Chelsea Dr #2</b> <b>Ft Mitchell, KY 41017</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$510.84</b>
3.113	<b>Nonpriority creditor's name and mailing address</b> <b>Karen McLaurin</b> <b>2 Timbermill Ln</b> <b>Landenberg, PA 19350</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$488.05</b>
3.114	<b>Nonpriority creditor's name and mailing address</b> <b>Kelly Carter</b> <b>3914 Toreador Ct Bldg 4</b> <b>Apt 6</b> <b>Jacksonville, FL 32217</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$160.00</b>
3.115	<b>Nonpriority creditor's name and mailing address</b> <b>Kentuckiana Pulmonary</b> <b>Dept 52937 PO Box 950154</b> <b>Louisville, KY 40295</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,650.00</b>

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3.116	Nonpriority creditor's name and mailing address <b>Kevin Higgins</b> <b>44 Braid Hills Dr</b> <b>Saint Charles, MO 63304</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10.00</b>
3.117	Nonpriority creditor's name and mailing address <b>Kim Welch</b> <b>16404 Eider St</b> <b>Bowie, MD 20716</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$216.17</b>
3.118	Nonpriority creditor's name and mailing address <b>Kintisha Matthews</b> <b>1121 Cimarron Tr</b> <b>Birmingham, AL 35215</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$485.00</b>
3.119	Nonpriority creditor's name and mailing address <b>LegalShield</b> <b>Po Box 2629</b> <b>Ada, OK 74821</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$377.70</b>
3.120	Nonpriority creditor's name and mailing address <b>Lincoln Financial Group</b> <b>PO Box 0821</b> <b>Carol Stream, IL 60132</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,614.58</b>
3.121	Nonpriority creditor's name and mailing address <b>Lisa Contino</b> <b>4613 Statesmen Dr.</b> <b>Indianapolis, IN 46250</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$22.75</b>
3.122	Nonpriority creditor's name and mailing address <b>Loyd Collis</b> <b>185 Linwood Rd</b> <b>Sterrett, AL 35147</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$203.00</b>



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3.123	<b>Nonpriority creditor's name and mailing address</b> <b>Lynnette Turner</b> <b>32 Hubbard Ln</b> <b>Milton, KY 40045</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$413.19</b>
3.124	<b>Nonpriority creditor's name and mailing address</b> <b>Manny Lopez</b> <b>5353 Clapboard Creek Dr.</b> <b>Jacksonville, FL 32226</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$135.00</b>
3.125	<b>Nonpriority creditor's name and mailing address</b> <b>Marion County Treasurer</b> <b>PO Box 6145</b> <b>Indianapolis, IN 46206</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$914.26</b>
3.126	<b>Nonpriority creditor's name and mailing address</b> <b>Mark Fitzgerald</b> <b>2240 Oscar Bradford Rd</b> <b>Hayden, AL 35079</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$400.60</b>
3.127	<b>Nonpriority creditor's name and mailing address</b> <b>Marsha Wood</b> <b>12911 Wooded Forest Rd</b> <b>Louisville, KY 40243</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$13.14</b>
3.128	<b>Nonpriority creditor's name and mailing address</b> <b>Mary Galyan</b> <b>8859 County Rd 350W</b> <b>Fishers, IN 46038</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$32.07</b>
3.129	<b>Nonpriority creditor's name and mailing address</b> <b>Mary Hammond</b> <b>928 Miller Ave</b> <b>Shelbyville, KY 40065</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$128.86</b>

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3.130	<b>Nonpriority creditor's name and mailing address</b> <b>Maryland Park Center</b> <b>c/o Avison Young</b> <b>700 12th Ave S Ste 302</b> <b>Nashville, TN 37203</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$23,471.68</b>
3.131	<b>Nonpriority creditor's name and mailing address</b> <b>Matthew McGarvey</b> <b>313 North St</b> <b>Neptune Beach, FL 32266</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$80.00</b>
3.132	<b>Nonpriority creditor's name and mailing address</b> <b>McKesson</b> <b>PO Box 933027</b> <b>Atlanta, GA 31193</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,314.82</b>
3.133	<b>Nonpriority creditor's name and mailing address</b> <b>Metropolitan Pulm &amp; Sleep</b> <b>290 NE Tudor Rd</b> <b>Lees Summit, MO 64086</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,400.00</b>
3.134	<b>Nonpriority creditor's name and mailing address</b> <b>Michael Bates</b> <b>8702 Gunpowder Dr</b> <b>Indianapolis, IN 46256</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$136.23</b>
3.135	<b>Nonpriority creditor's name and mailing address</b> <b>Michelle Mitchell</b> <b>American Sleep Med</b> <b>660 Kenilworth Dr Ste 203</b> <b>Towson, MD 21204</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>NOTICE ONLY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.136	<b>Nonpriority creditor's name and mailing address</b> <b>Mike Hoffman</b> <b>213 Evergreen Ave</b> <b>Newport, KY 41071</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$29.96</b>

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3.137	<b>Nonpriority creditor's name and mailing address</b> <b>Montgomery Co MD</b> <b>PO Box 824860</b> <b>Philadelphia, PA 19116</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,578.77</b>
3.138	<b>Nonpriority creditor's name and mailing address</b> <b>Mr. Electric of Eastern Memphis</b> <b>1056 Dent</b> <b>Eads, TN 38028</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$258.82</b>
3.139	<b>Nonpriority creditor's name and mailing address</b> <b>Mr. Electric of Louisville</b> <b>9014 Iona Ct</b> <b>Louisville, KY 40291</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$195.00</b>
3.140	<b>Nonpriority creditor's name and mailing address</b> <b>MVAP Medical Supplies</b> <b>2001 Corporate Center Dr Ste 250</b> <b>Newbury Park, CA 91320</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,145.33</b>
3.141	<b>Nonpriority creditor's name and mailing address</b> <b>Neurosleep</b> <b>PO Box 166</b> <b>Fairfax Station, VA 22039</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$426.87</b>
3.142	<b>Nonpriority creditor's name and mailing address</b> <b>Nikki Lester</b> <b>PO box 333</b> <b>Birmingham, AL 35242</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$105.90</b>
3.143	<b>Nonpriority creditor's name and mailing address</b> <b>North Shore Copier</b> <b>4300 Regency Dr.</b> <b>Glenview, IL 60025</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$590.00</b>

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3.144	<b>Nonpriority creditor's name and mailing address</b> <b>OCD Clean</b> <b>2936 Landing Edge</b> <b>Dickinson, TX 77539</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$700.00</b>
3.145	<b>Nonpriority creditor's name and mailing address</b> <b>Office Environment Company</b> <b>1136 West Market St.</b> <b>Louisville, KY 40203</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$35.51</b>
3.146	<b>Nonpriority creditor's name and mailing address</b> <b>Orchard Investment</b> <b>660 Kennilworth Dr Ste 104</b> <b>Towson, MD 21204</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$15,296.42</b>
3.147	<b>Nonpriority creditor's name and mailing address</b> <b>Orkin</b> <b>7046 Fairfield Business Center Dr</b> <b>Fairfield, OH 45014</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$211.83</b>
3.148	<b>Nonpriority creditor's name and mailing address</b> <b>Orkin Pest Control</b> <b>529 Stuart St.</b> <b>Jacksonville, FL 32254</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$165.56</b>
3.149	<b>Nonpriority creditor's name and mailing address</b> <b>Passport Health Communications</b> <b>c/o Experian</b> <b>PO Box 886133</b> <b>Los Angeles, CA 90088</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$23,760.49</b>
3.150	<b>Nonpriority creditor's name and mailing address</b> <b>Paycor</b> <b>4811 Montgomery Road</b> <b>Cincinnati, OH 45212</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$174,000.00</b>

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3.151	<b>Nonpriority creditor's name and mailing address</b> <b>PEPCO</b> <b>PO Box 13608</b> <b>Philadelphia, PA 19101</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$782.38</b>
3.152	<b>Nonpriority creditor's name and mailing address</b> <b>Philips Medical Capital</b> <b>PO Box 92449</b> <b>Cleveland, OH 44193</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$100.00</b>
3.153	<b>Nonpriority creditor's name and mailing address</b> <b>Pitney Bowes</b> <b>PO Box 371887</b> <b>Pittsburgh, PA 15250</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,201.32</b>
3.154	<b>Nonpriority creditor's name and mailing address</b> <b>PITNEY BOWES - PURCHASE POWER</b> <b>PO BOX 371874</b> <b>Pittsburgh, PA 15250</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$16,211.82</b>
3.155	<b>Nonpriority creditor's name and mailing address</b> <b>Private Eyes Inc</b> <b>9080 Doluble Diamond Pkwy Ste C</b> <b>Reno, NV 89521</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,743.00</b>
3.156	<b>Nonpriority creditor's name and mailing address</b> <b>Professional Towers</b> <b>c/o Sun Properties</b> <b>4010 Dupont Cir Ste 700</b> <b>Louisville, KY 40207</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$16,580.22</b>
3.157	<b>Nonpriority creditor's name and mailing address</b> <b>Quast Development</b> <b>3114 Hudnall Ln</b> <b>Ft Mitchell, KY 41017</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <b>NOTICE ONLY</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

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3.158	<b>Nonpriority creditor's name and mailing address</b> <b>Queen Ester Barnes</b> <b>239 Independence Way</b> <b>Springfield, NJ 07081</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$22.89</b>
3.159	<b>Nonpriority creditor's name and mailing address</b> <b>Randstad Professionals</b> <b>PO Box 742689</b> <b>Atlanta, GA 30374</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,816.04</b>
3.160	<b>Nonpriority creditor's name and mailing address</b> <b>Red Force Fire and Security</b> <b>1030-G West 23rd St</b> <b>Independence, MO 64055</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6.18</b>
3.161	<b>Nonpriority creditor's name and mailing address</b> <b>Regina Scudder</b> <b>2381 Companion Cir</b> <b>Jacksonville, FL 32224</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$137.57</b>
3.162	<b>Nonpriority creditor's name and mailing address</b> <b>Reliance Standard Life Insurance</b> <b>Attn: Accounting Dept</b> <b>505 S Lenola Rd Ste 231</b> <b>Moorestown, NJ 08057</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$823.77</b>
3.163	<b>Nonpriority creditor's name and mailing address</b> <b>Reno Electric</b> <b>728 El Monde Rd</b> <b>El Cajon, CA 92020</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$400.00</b>
3.164	<b>Nonpriority creditor's name and mailing address</b> <b>Resmed</b> <b>Lockbox 534593</b> <b>Atlanta, GA 30353</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,640.47</b>

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3.165	<b>Nonpriority creditor's name and mailing address</b> <b>Respironics</b> <b>PO Box 405740</b> <b>Atlanta, GA 30384</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$196.20</b>
3.166	<b>Nonpriority creditor's name and mailing address</b> <b>Respironics</b> <b>PO Box 405740</b> <b>Atlanta, GA 30384</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$415,625.00</b>
3.167	<b>Nonpriority creditor's name and mailing address</b> <b>Ricoh USA 41602</b> <b>PO Box 41602</b> <b>Philadelphia, PA 19101</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$25.06</b>
3.168	<b>Nonpriority creditor's name and mailing address</b> <b>Ricoh USA, INC 827577</b> <b>PO Box 827577</b> <b>Philadelphia, PA 19182</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$29,458.47</b>
3.169	<b>Nonpriority creditor's name and mailing address</b> <b>RJ Young</b> <b>PO Box 415000</b> <b>Nashville, TN 37241</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$144.75</b>
3.170	<b>Nonpriority creditor's name and mailing address</b> <b>Robert Cole</b> <b>3431 Putnam St</b> <b>Falls Church, VA 22042</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$70.00</b>
3.171	<b>Nonpriority creditor's name and mailing address</b> <b>Robert Hodge</b> <b>1060 Delaware</b> <b>Imperial Beach, CA 91932</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$219.24</b>

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3.172	<b>Nonpriority creditor's name and mailing address</b> <b>Robert S. Griswold</b> <b>C/o Griswold Real Estate Management, Inc</b> <b>5703 Oberlin Dr Suite 300</b> <b>San Diego, CA 92121</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,985.25</b>
3.173	<b>Nonpriority creditor's name and mailing address</b> <b>Roger Gilliam</b> <b>1751 Drexal Rd.</b> <b>Dundalk, MD 21222</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$28.65</b>
3.174	<b>Nonpriority creditor's name and mailing address</b> <b>Ron Daugherty</b> <b>273 Prince Towne Dr</b> <b>Saint Louis, MO 63141</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$890.00</b>
3.175	<b>Nonpriority creditor's name and mailing address</b> <b>Sabatco</b> <b>2900 Brooktree Lane</b> <b>Suite 100</b> <b>Kansas City, MO 64119</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,000.00</b>
3.176	<b>Nonpriority creditor's name and mailing address</b> <b>Sabatco LLC</b> <b>c/o Copaken Brooks</b> <b>1100 Walnut St Ste 2000</b> <b>Kansas City, MO 64106</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>NOTICE ONLY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.177	<b>Nonpriority creditor's name and mailing address</b> <b>Safetouch</b> <b>Jacksonville Division</b> <b>9550 Sunbeam Center Drive</b> <b>Jacksonville, FL 32257</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$527.76</b>
3.178	<b>Nonpriority creditor's name and mailing address</b> <b>Salter Labs</b> <b>PO Box 639780</b> <b>Cincinnati, OH 45263</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,696.28</b>



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3.179	<b>Nonpriority creditor's name and mailing address</b> <b>San Diego Police Department</b> <b>Police Permit &amp; Licensing - M5735</b> <b>PO Box 121431</b> <b>San Diego, CA 92112</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$600.00</b>
3.180	<b>Nonpriority creditor's name and mailing address</b> <b>Sandra Fleming</b> <b>1952 Goodhaven Dr</b> <b>Memphis, TN 38116</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$35.00</b>
3.181	<b>Nonpriority creditor's name and mailing address</b> <b>SBA- SMALL BUSINESS ADMIN</b> <b>C/O US ATTY OFFICE</b> <b>110 9TH AVE SO #A-961</b> <b>NASHVILLE, TN 37203</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u><b>This is a forgivable PPP loan</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.182	<b>Nonpriority creditor's name and mailing address</b> <b>SBS Svcs Group Stratus Building So</b> <b>c/o Stratus Building Solutions</b> <b>PO Box 208299</b> <b>Dallas, TX 75320</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,918.58</b>
3.183	<b>Nonpriority creditor's name and mailing address</b> <b>Scrypt, Inc.</b> <b>PO Box 95290</b> <b>Grapevine, TX 76099</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$194.00</b>
3.184	<b>Nonpriority creditor's name and mailing address</b> <b>Shari Misler</b> <b>11 Tunica Pass Ct</b> <b>Spring, TX 77389</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$49.36</b>
3.185	<b>Nonpriority creditor's name and mailing address</b> <b>Sheres Williams</b> <b>7732 Susan Dr S</b> <b>Indianapolis, IN 46250</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$586.83</b>

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3.186	<b>Nonpriority creditor's name and mailing address</b> <b>Shred-It USA-Chicago</b> <b>28883 Network PI</b> <b>Chicago, IL 60673</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,023.70</b>
3.187	<b>Nonpriority creditor's name and mailing address</b> <b>Simon Levi Company</b> <b>c/o Pacific Coast Commercial</b> <b>10721 Treena St STe 200</b> <b>San Diego, CA 92131</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$34,580.92</b>
3.188	<b>Nonpriority creditor's name and mailing address</b> <b>Simply Self Storage</b> <b>4752 Hwy 280</b> <b>Birmingham, AL 35255</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$254.20</b>
3.189	<b>Nonpriority creditor's name and mailing address</b> <b>Sirote &amp; Premutt</b> <b>PO Box 55509</b> <b>Birmingham, AL 35255</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>NOTICE ONLY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.190	<b>Nonpriority creditor's name and mailing address</b> <b>Smith, Gambrell, &amp; Russell LLP</b> <b>1230 Peachtree Street</b> <b>Suite 3100 Promenade</b> <b>Atlanta, GA 30309</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$105.00</b>
3.191	<b>Nonpriority creditor's name and mailing address</b> <b>Sparkletts</b> <b>PO Box 660579</b> <b>Dallas, TX 75266</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,045.39</b>
3.192	<b>Nonpriority creditor's name and mailing address</b> <b>SPBS Medical Equipment Sales</b> <b>4431 Long Prairie Road</b> <b>Suite 100</b> <b>Flower Mound, TX 75028</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,766.15</b>

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3.193	Nonpriority creditor's name and mailing address <b>Spectrum Business</b> <b>PO Box 742616</b> <b>Cincinnati, OH 45274</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$489.47</b>
3.194	Nonpriority creditor's name and mailing address <b>Spectrum Business</b> <b>PO Box 1060</b> <b>Carol Stream, IL 60132</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$316.67</b>
3.195	Nonpriority creditor's name and mailing address <b>Staples Advantage</b> <b>Dept ATL</b> <b>PO Box 105748</b> <b>Atlanta, GA 30348</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$18,372.07</b>
3.196	Nonpriority creditor's name and mailing address <b>Star Network LLC</b> <b>PO Box 211436</b> <b>Louisville, KY 40221</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>NOTICE ONLY</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.197	Nonpriority creditor's name and mailing address <b>Stark Exterminators</b> <b>PO Box 55148</b> <b>Birmingham, AL 35255</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$58.00</b>
3.198	Nonpriority creditor's name and mailing address <b>Stinson Leonard Street</b> <b>Attn: Mark Jacobs</b> <b>7700 Forsyth Blvd, Suite 1100</b> <b>Saint Louis, MO 63105</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,098.00</b>
3.199	Nonpriority creditor's name and mailing address <b>Stratus Building Solutions of Houston</b> <b>2537 S. Gessner Road #121</b> <b>Houston, TX 77063</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,330.74</b>

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3.200	<b>Nonpriority creditor's name and mailing address</b> <b>Suburban Owner LLC</b> <b>4600 Touchton Rd E Bldg 100 Ste 501</b> <b>Jacksonville, FL 32246</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,921.40</b>
3.201	<b>Nonpriority creditor's name and mailing address</b> <b>Talena Cawthon</b> <b>13926 Ridgewick Dr</b> <b>Jacksonville, FL 32218</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$519.37</b>
3.202	<b>Nonpriority creditor's name and mailing address</b> <b>TCP Partners</b> <b>Attn: Accounting</b> <b>1901 E Fourth St Ste 360</b> <b>Santa Ana, CA 92705</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,601.64</b>
3.203	<b>Nonpriority creditor's name and mailing address</b> <b>TCS - Total Comfort Solutions, Inc.</b> <b>4801 Executive Park Ct Bldg 200, Ste 203</b> <b>Jacksonville, FL 32216</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$330.00</b>
3.204	<b>Nonpriority creditor's name and mailing address</b> <b>Teresa Lieb</b> <b>727 Craig Rd</b> <b>Suite 101</b> <b>Saint Louis, MO 63141</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$50.00</b>
3.205	<b>Nonpriority creditor's name and mailing address</b> <b>Terminix Processing Center</b> <b>PO Box 802155</b> <b>Chicago, IL 60680</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$258.02</b>
3.206	<b>Nonpriority creditor's name and mailing address</b> <b>The Salvo Law Group</b> <b>185 Fairfield Avenue</b> <b>Suite 3C/3D</b> <b>Caldwell, NJ 07006</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,011.75</b>

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3.207	<b>Nonpriority creditor's name and mailing address</b> <b>Thomas Morton</b> <b>10788 Glenhurst Dr</b> <b>Independence, KY 41051</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$50.00</b>
3.208	<b>Nonpriority creditor's name and mailing address</b> <b>Tim Crutchfield</b> <b>18800 S 47th W Ave</b> <b>Mounds, OK 74047</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$313.08</b>
3.209	<b>Nonpriority creditor's name and mailing address</b> <b>Transworld Systems Inc. - TSI</b> <b>PO Box 5511</b> <b>Carol Stream, IL 60197</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10.25</b>
3.210	<b>Nonpriority creditor's name and mailing address</b> <b>TriWest</b> <b>VA Customer Service Attn: Refunds</b> <b>PO Box 14491</b> <b>Florence, SC 29502</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$492.89</b>
3.211	<b>Nonpriority creditor's name and mailing address</b> <b>TXU Energy</b> <b>PO Box 650638</b> <b>Dallas, TX 75265</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$926.02</b>
3.212	<b>Nonpriority creditor's name and mailing address</b> <b>UHC-United Healthcare</b> <b>PO Box 94017</b> <b>Palatine, IL 60094</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$633.53</b>
3.213	<b>Nonpriority creditor's name and mailing address</b> <b>ULINE</b> <b>PO Box 88741</b> <b>Chicago, IL 60680</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$183.06</b>

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3.214	<b>Nonpriority creditor's name and mailing address</b> <b>UPS</b> <b>PO Box 7247-0244</b> <b>Philadelphia, PA 19170</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5.80</b>
3.215	<b>Nonpriority creditor's name and mailing address</b> <b>USAbLe Life</b> <b>PO Box 204678</b> <b>Dallas, TX 75320</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,547.08</b>
3.216	<b>Nonpriority creditor's name and mailing address</b> <b>Verizon New-internet only</b> <b>PO Box 15124</b> <b>Albany, NY 12212</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$144.99</b>
3.217	<b>Nonpriority creditor's name and mailing address</b> <b>Verizon VIE</b> <b>PO Box 660720</b> <b>Dallas, TX 75266</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$442.85</b>
3.218	<b>Nonpriority creditor's name and mailing address</b> <b>Voelker Litigation Group</b> <b>600 W. Jackson Blvd #100</b> <b>Chicago, IL 60661</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$13,519.32</b>
3.219	<b>Nonpriority creditor's name and mailing address</b> <b>Volatia</b> <b>1327 Grandin Rd. SW</b> <b>Roanoke, VA 24015</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$93.00</b>
3.220	<b>Nonpriority creditor's name and mailing address</b> <b>Watchlight Corporation/Alarm Rel</b> <b>111 S. Marshall Ave</b> <b>El Cajon, CA 92020</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$227.40</b>

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3.221	Nonpriority creditor's name and mailing address <b>Waterlogic</b> <b>PO Box 677867</b> <b>Dallas, TX 75267</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,127.22</b>
3.222	Nonpriority creditor's name and mailing address <b>Waystar aka ZirMed</b> <b>1311 Solutions Center</b> <b>Chicago, IL 60677</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,040.05</b>
3.223	Nonpriority creditor's name and mailing address <b>Welders Supply</b> <b>PO Box 21007</b> <b>Louisville, KY 40221</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$17.08</b>
3.224	Nonpriority creditor's name and mailing address <b>Windstream Communications</b> <b>PO Box 9001950</b> <b>Louisville, KY 40290</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,039.40</b>
3.225	Nonpriority creditor's name and mailing address <b>WM Rickman Const</b> <b>15215 Shady Grove Rd Ste 201</b> <b>Rockville, MD 20850</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$19,050.90</b>
3.226	Nonpriority creditor's name and mailing address <b>Womack Industries, Inc.</b> <b>131 Congressional Lane</b> <b>Rockville, MD 20852</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$95.00</b>

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	<b>AT&amp;T</b> <b>PO BOX 5019</b> <b>Carol Stream, IL 60197</b>	Line <b>3.10</b>  <input type="checkbox"/> Not listed. Explain ____	—

Debtor **American Sleep Medicine LLC**

Name

Case number (if known) **3:21-bk-02741****Name and mailing address****On which line in Part 1 or Part 2 is the related creditor (if any) listed?****Last 4 digits of account number, if any**

4.2 **AT&T**  
**PO Box 5025**  
**Carol Stream, IL 60197**

Line **3.11**

—

☐ Not listed. Explain \_\_\_\_\_

4.3 **IRS**  
**C/O US ATTY OFFICE**  
**110 9TH AVE SO #A-961**  
**NASHVILLE, TN 37203**

Line **2.61**

—

☐ Not listed. Explain \_\_\_\_\_**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims****5. Add the amounts of priority and nonpriority unsecured claims.****5a. Total claims from Part 1****5b. Total claims from Part 2****5c. Total of Parts 1 and 2**

Lines 5a + 5b = 5c.

**Total of claim amounts**5a. \$ **250,837.26**5b. + \$ **1,438,466.89**5c. \$ **1,689,304.15**



United States Bankruptcy Court for the: MIDDLE DISTRICT OF TENNESSEE

Case number (if known) **3:21-bk-02741**

## ASSETS AS OF COMMENCEMENT OF THE CASE

## Official Form 206A/B

## Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

**Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.**

**For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.**

### Part 1: Cash and cash equivalents

**1. Does the debtor have any cash or cash equivalents?**

☐ No. Go to Part 2.

☒ Yes Fill in the information below.

**All cash or cash equivalents owned or controlled by the debtor**

**Current value of debtor's interest**

3. **Checking, savings, money market, or financial brokerage accounts** (*Identify all*)

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

### 3.1. ServisFirst

## Checking

**\$90,056.43**

4. **Other cash equivalents** (*Identify all*)

5. **Total of Part 1.**

**\$90.056.43**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

## Part 2: Deposits and Prepayments

**6. Does the debtor have any deposits or prepayments?**

☐ No. Go to Part 3.

☐ Yes Fill in the information below.

### Part 3: Accounts receivable

**10. Does the debtor have any accounts receivable?**

☐ No. Go to Part 4.

☒ Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less:

**839.896.37**

**0.00**

**0.00** = ...

**\$839,896.37**

face amount

---

doubtful or uncollectible accounts

Debtor **American Sleep Medicine LLC**  
NameCase number (If known) **3:21-bk-02741****12. Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

**\$839,896.37****Part 4: Investments****13. Does the debtor own any investments?**

- ☒ No. Go to Part 5.  
☐ Yes Fill in the information below.

**Part 5: Inventory, excluding agriculture assets****18. Does the debtor own any inventory (excluding agriculture assets)?**

- ☒ No. Go to Part 6.  
☐ Yes Fill in the information below.

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)****27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.  
☐ Yes Fill in the information below.

**Part 7: Office furniture, fixtures, and equipment; and collectibles****38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☐ No. Go to Part 8.  
☒ Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. <b>Office furniture</b>			
40. <b>Office fixtures</b>			
41. <b>Office equipment, including all computer equipment and communication systems equipment and software see attached sheets</b>	<b>\$0.00</b>	<b>Tax records</b>	<b>\$40,983.39</b>

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

**43. Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

**\$40,983.39****44. Is a depreciation schedule available for any of the property listed in Part 7?**

- ☒ No  
☐ Yes

**45. Has any of the property listed in Part 7 been appraised by a professional within the last year?**

- ☒ No  
☐ Yes

**Part 8: Machinery, equipment, and vehicles****46. Does the debtor own or lease any machinery, equipment, or vehicles?**

Debtor **American Sleep Medicine LLC**  
Name

Case number (If known) **3:21-bk-02741**

- ☒ No. Go to Part 9.  
☐ Yes Fill in the information below.

**Part 9: Real property**

54. Does the debtor own or lease any real property?

- ☒ No. Go to Part 10.  
☐ Yes Fill in the information below.

**Part 10: Intangibles and intellectual property**

59. Does the debtor have any interests in intangibles or intellectual property?

- ☒ No. Go to Part 11.  
☐ Yes Fill in the information below.

**Part 11: All other assets**

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☒ No. Go to Part 12.  
☐ Yes Fill in the information below.

Debtor **American Sleep Medicine LLC**  
NameCase number (If known) **3:21-bk-02741****Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1</i>	<u><b>\$90,056.43</b></u>	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	<u><b>\$0.00</b></u>	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	<u><b>\$839,896.37</b></u>	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	<u><b>\$0.00</b></u>	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	<u><b>\$0.00</b></u>	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	<u><b>\$0.00</b></u>	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	<u><b>\$40,983.39</b></u>	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	<u><b>\$0.00</b></u>	
88. <b>Real property.</b> <i>Copy line 56, Part 9.....&gt;</i>		<u><b>\$0.00</b></u>
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	<u><b>\$0.00</b></u>	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	+ <u><b>\$0.00</b></u>	
91. <b>Total.</b> Add lines 80 through 90 for each column	<u><b>\$970,936.19</b></u>	+ 91b. <u><b>\$0.00</b></u>
92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92		<u><b>\$970,936.19</b></u>

Asset	Property Description	Date In Service	Date Dep Complete
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**Entity: American Sleep Products****Location: ASP LLC****Group: Computer**

1072	ASP DELL MONITOR	9/19/11	9/19/16
1073	ASP DELL COMPUTER	9/19/11	9/19/16
1074	ASP DELL MONITOR	11/19/11	11/19/16
1075	ASP DELL COMPUTER	11/19/11	11/19/16
1076	ASP DELL MONITOR	12/27/11	12/27/16
1077	ASP DELL COMPUTER	12/27/11	12/27/16
	ASP Video Monitor	11/21/12	11/21/17
	ASP Hard drive	6/30/15	6/30/20

**Computer****Group: Equipment**

1078	ASP MONITOR VIDEO CARD	11/21/12	11/21/15
1083	ASP ACCESS VOICE & DATA	12/08/11	12/08/18
1086	ASP SIGN - EXTERIOR DOOR	11/30/11	11/30/18
1087	ASP SIGN - OFFICE DOOR	12/13/11	12/13/18
1089	ASP 3 CHARS	2/10/12	2/10/19

**Equipment****Group: Furniture**

1079	ASP 2 STAFF DESKS	9/29/11	9/29/18
1080	ASP OFFICE FURNITURE (TRACEY)	10/07/11	10/07/18
1081	ASP OFFICE FUNITURE INSTALL	12/02/11	12/02/18
1082	ASP OFFICE SHELIVING	12/02/11	12/02/18
1085	ASP SHELIVING	12/15/11	12/15/18
1090	ASP SHELIVING	3/13/12	3/13/19
1091	ASP 2 U-SHAPED CUBICLES W/ CHAIRS	3/19/12	3/19/19
	Shelving	1/24/13	1/24/20
	4 Desks and chairs	10/29/18	9/30/25
	1 Desk	1/20/19	1/20/26

**Furniture**

**Group: Leasehold Improvements**

1084 ASP BUILDOUT	11/11/11	11/11/25
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**Leasehold Improvements**

**Group: Signs**

ASP signs	11/30/11	11/30/18
ASP signs	12/13/11	12/13/18
ASP signs	11/26/13	11/26/20
ASP signs	3/31/14	3/31/21

**Group: Software**

1092 ASP ADOBE SOFTWARE	1/04/12	1/04/15
Software	11/18/11	11/18/14
MS Office for 5 machines	4/02/18	4/02/21
Software	12/31/14	12/31/17

**Software**

Life in Years	Monthly Depreciation	Annual Depreciation	Original Cost	Balance @ 12/31/20	Additions
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5.00	1.73	20.80	104.00	104.00	
5.00	16.92	203.00	1,015.00	1,015.00	
5.00	3.03	36.40	182.00	182.00	
5.00	16.92	203.00	1,015.00	1,015.00	
5.00	3.00	36.00	180.00	180.00	
5.00	13.55	162.60	813.00	813.00	
5.00	4.92	58.99	294.97	294.97	
5.00	50.00	600.00	3,000.00	3,000.00	

6,603.97	6,603.97	0.00
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3.00	12.29	147.50	295.00	295.00	
7.00	2.26	27.14	190.00	190.00	
7.00	3.61	43.29	303.00	303.00	
7.00	1.88	22.57	158.00	158.00	
7.00	5.31	63.71	446.00	446.00	

1,392.00	1,392.00	0
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7.00	16.19	1,214.29	1,360.00	1,360.00	
7.00	12.54	150.43	1,053.00	1,053.00	
7.00	2.38	28.57	200.00	200.00	
7.00	12.19	146.29	1,024.00	1,024.00	
7.00	2.02	24.29	170.00	170.00	
7.00	11.40	136.86	958.00	958.00	
7.00	23.81	285.71	2,000.00	2,000.00	
7.00	2.38	28.57	200.00	200.00	
7.00	21.99	263.83	1,846.82	1,846.82	
7.00	4.99	59.91	419.34	419.34	

9,231.16	9,231.16	0
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15.00	108.60	1,303.20	19,548.00	19,548.00	
			<u>19,548.00</u>	<u>19,548.00</u>	<u>0</u>
7.00	3.60	43.26	302.79	302.79	
7.00	1.88	22.57	158.00	158.00	
7.00	2.08	25.00	175.00	175.00	
7.00	0.88	10.57	73.99	73.99	
			<u>709.78</u>	<u>709.78</u>	<u>0</u>
3.00	5.28	63.33	190.00	190.00	
3.00	9.61	115.36	346.08	346.08	
3.00	77.58	930.97	2,792.90	2,792.90	
3.00	4.72	56.67	170.00	170.00	
			<u>3,498.98</u>	<u>3,498.98</u>	<u>0</u>
			<u>40,983.89</u>	<u>40,983.89</u>	<u>0.00</u>




Deletions	Adjustments DR (CR)	Balance @ 12/31/21		Accumulated Depr 12/31/19
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		104.00		104.00
		1,015.00		1,015.00
		182.00		182.00
		1,015.00		1,015.00
		180.00		180.00
		813.00		813.00
		294.97		294.97
		3,000.00		2,700.00
		0.00		
0.00	0.00	6,603.97		6,303.97

		295.00		295.00
		190.00		190.00
		303.00		303.00
		158.00		158.00
		446.00		446.00
		0.00		
0	0	1392		1,392.00

		1,360.00		1,360.00
		1,053.00		1,053.00
		200.00		200.00
		1,024.00		352.38
		170.00		170.00
		958.00		958.00
		2,000.00		2,000.00
		200.00		197.62
		1,846.82		307.86
		419.34		54.91
		0.00		
0	0	9231.16		6,653.77

		19,548.00	10,534.20
	0	0	19548
			10,534.20
		302.79	302.79
		158.00	158.00
		175.00	152.04
		73.99	60.77
	0	0	709.78
			673.60
		190.00	190.00
		346.08	346.08
		2,792.90	1,629.19
		170.00	170.00
	0	0	3498.98
			2,335.27
	0.00	0.00	40,983.89
			27,892.82
			27,892.82

**Fill in this information to identify the case:**Debtor Name American Sleep MediineUnited States Bankruptcy Court for the: Middle District of Tennessee Case number: 3:21-bk-02741☐ Check if this is an amended filing

## Official Form 425C

**Monthly Operating Report for Small Business Under Chapter 11**

12/17

Month: April 2022  
~~JUNE~~Date report filed: 07/08/2022  
MM / DD / YYYYLine of business: Sleep Diagnostics

NAISC code: \_\_\_\_\_

In accordance with title 28, section 1746, of the United States Code, I declare under penalty of perjury that I have examined the following small business monthly operating report and the accompanying attachments and, to the best of my knowledge, these documents are true, correct, and complete.

Responsible party: Row J Zadeh, CEOOriginal signature of responsible party Printed name of responsible party Row Zadeh**1. Questionnaire**

Answer all questions on behalf of the debtor for the period covered by this report, unless otherwise indicated.

Yes	No	N/A
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**If you answer No to any of the questions in lines 1-9, attach an explanation and label it Exhibit A.**

- |  |                                     |                                     |                                     |
|--|-------------------------------------|-------------------------------------|-------------------------------------|
| 1. Did the business operate during the entire reporting period?                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 2. Do you plan to continue to operate the business next month?                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 3. Have you paid all of your bills on time?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 4. Did you pay your employees on time?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 5. Have you deposited all the receipts for your business into debtor in possession (DIP) accounts? | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 6. Have you timely filed your tax returns and paid all of your taxes?                              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 7. Have you timely filed all other required government filings?                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 8. Are you current on your quarterly fee payments to the U.S. Trustee or Bankruptcy Administrator? | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 9. Have you timely paid all of your insurance premiums?  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |

**If you answer Yes to any of the questions in lines 10-18, attach an explanation and label it Exhibit B.**

- |   |                                     |                                     |                          |
|---|-------------------------------------|-------------------------------------|--------------------------|
| 10. Do you have any bank accounts open other than the DIP accounts?                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 11. Have you sold any assets other than inventory?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. Have you sold or transferred any assets or provided services to anyone related to the DIP in any way? | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13. Did any insurance company cancel your policy?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14. Did you have any unusual or significant unanticipated expenses?                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 15. Have you borrowed money from anyone or has anyone made any payments on your behalf?                   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 16. Has anyone made an investment in your business?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Debtor Name American Sleep MediineCase number 3:21-bk-02741

17. Have you paid any bills you owed before you filed bankruptcy?

☒ ☐ ☐

18. Have you allowed any checks to clear the bank that were issued before you filed bankruptcy?

☐ ☒ ☐**2. Summary of Cash Activity for All Accounts****19. Total opening balance of all accounts**\$ -56,831.00

This amount must equal what you reported as the cash on hand at the end of the month in the previous month. If this is your first report, report the total cash on hand as of the date of the filing of this case.

**20. Total cash receipts**

Attach a listing of all cash received for the month and label it *Exhibit C*. Include all cash received even if you have not deposited it at the bank, collections on receivables, credit card deposits, cash received from other parties, or loans, gifts, or payments made by other parties on your behalf. Do not attach bank statements in lieu of *Exhibit C*.

Report the total from *Exhibit C* here.\$ 408,547**21. Total cash disbursements**

Attach a listing of all payments you made in the month and label it *Exhibit D*. List the date paid, payee, purpose, and amount. Include all cash payments, debit card transactions, checks issued even if they have not cleared the bank, outstanding checks issued before the bankruptcy was filed that were allowed to clear this month, and payments made by other parties on your behalf. Do not attach bank statements in lieu of *Exhibit D*.

Report the total from *Exhibit D* here.- \$ 644,752**22. Net cash flow**

Subtract line 21 from line 20 and report the result here.

This amount may be different from what you may have calculated as *net profit*.- \$ -236205**23. Cash on hand at the end of the month**

Add line 22 + line 19. Report the result here.

Report this figure as the *cash on hand at the beginning of the month* on your next operating report.

This amount may not match your bank account balance because you may have outstanding checks that have not cleared the bank or deposits in transit.

= \$ -293036**3. Unpaid Bills**

Attach a list of all debts (including taxes) which you have incurred since the date you filed bankruptcy but have not paid. Label it *Exhibit E*. Include the date the debt was incurred, who is owed the money, the purpose of the debt, and when the debt is due. Report the total from *Exhibit E* here.

**24. Total payables**\$ 297,241.02*(Exhibit E)*

Debtor Name American Sleep MediineCase number 3:21-bk-02741**4. Money Owed to You**

Attach a list of all amounts owed to you by your customers for work you have done or merchandise you have sold. Include amounts owed to you both before, and after you filed bankruptcy. Label it *Exhibit F*. Identify who owes you money, how much is owed, and when payment is due. Report the total from *Exhibit F* here.

25. **Total receivables** \$ 70,677.75  
(Exhibit F)

**5. Employees**

26. What was the number of employees when the case was filed? 196  
27. What is the number of employees as of the date of this monthly report? 114

**6. Professional Fees**

28. How much have you paid this month in professional fees related to this bankruptcy case? \$ 0.00  
29. How much have you paid in professional fees related to this bankruptcy case since the case was filed? \$ 37540.00  
30. How much have you paid this month in other professional fees? \$ 0.00  
31. How much have you paid in total other professional fees since filing the case? \$ 0.00

**7. Projections**

Compare your actual cash receipts and disbursements to what you projected in the previous month. Projected figures in the first month should match those provided at the initial debtor interview, if any.

	Column A		Column B		Column C
	<b>Projected</b>	<b>-</b>	<b>Actual</b>	<b>=</b>	<b>Difference</b>
	Copy lines 35-37 from the previous month's report.		Copy lines 20-22 of this report.		Subtract Column B from Column A.
32. <b>Cash receipts</b>	\$ <u>420,000.00</u>	-	\$ <u>408547</u>	=	\$ <u>11,453.00</u>
33. <b>Cash disbursements</b>	\$ <u>600000.00</u>	-	\$ <u>644752</u>	=	\$ <u>-44,752.00</u>
34. <b>Net cash flow</b>	\$ <u>-180000</u>	-	\$ <u>-236205</u>	=	\$ <u>56,205.00</u>
35. Total projected cash receipts for the next month:					\$ <u>600,000.</u>
36. Total projected cash disbursements for the next month:					- \$ <u>500,000</u>
37. Total projected net cash flow for the next month:					= \$ <u>100,000</u>

Debtor Name American Sleep MediineCase number 3:21-bk-02741**8. Additional Information**

If available, check the box to the left and attach copies of the following documents.

- ☒ 38. Bank statements for each open account (redact all but the last 4 digits of account numbers).
- ☐ 39. Bank reconciliation reports for each account.
- ☐ 40. Financial reports such as an income statement (profit & loss) and/or balance sheet.
- ☐ 41. Budget, projection, or forecast reports.
- ☐ 42. Project, job costing, or work-in-progress reports.

# Till Reconciliation (All Payments)

Facility = All, User = All, Provider = All, Date Range = 06/01/2022 - 06/30/2022, Order By = Patient

Patient	Type	Time	Description	Check/Credit No	Invoice #	Payment
<b>HYSESANI, ERTA</b>						
06/30/2022						
ZPAY						
Christian, Daryl	CON	04:09:37 pm	Patient - Payment	Zpay	436252	\$119.47
Cowan, Joseph	FDL	04:24:31 pm	Patient - Payment	Zpay	436228	\$40.00
Easterling, Brian	CON	04:08:31 pm	Patient - Payment	Zpay	431042	\$75.00
Goel, Mamta	CON	04:20:36 pm	Patient - Payment	Zpay	436217	\$75.76
Hair, Nancy J	FDL	04:20:11 pm	Patient - Payment	Zpay	436216	\$35.00
Haridi, Jennifer Y	FDL	04:23:20 pm	Patient - Payment	Zpay	436232	\$66.94
Hartig, Steven	DRT	04:19:47 pm	Patient - Payment	Zpay	426618	\$68.80
Henry, Cathie	FDL	04:10:09 pm	Patient - Payment	Zpay	436151	\$178.16
Hollingsworth, Ronsheen R	CON	04:18:54 pm	Patient - Payment	Zpay	436208	\$50.00
Key, Donnie	FDL	04:13:12 pm	Patient - Payment	Zpay	436203	\$92.92
Kiven, Jolyana	FDL	04:07:13 pm	Patient - Payment	zpay	436191	\$86.76
Kucharski, Jeff	CON	04:19:16 pm	Patient - Payment	Zpay	436210	\$129.74
Lanham, Golda Fay	CON	04:07:45 pm	Patient - Payment	Zpay	436192	\$50.00
Liu, Yongshan	FDL	01:29:52 pm	Patient - Payment	Zpay	436181	\$94.37
Martinez, Carolina	CON	04:21:01 pm	Patient - Payment	Zpay	436218	\$25.00
McCann, Nicole L	CON	04:23:50 pm	Patient - Payment	Zpay	436230	\$93.99
Quintero De Nieto, Ana	FDL	03:58:15 pm	Patient - Payment	Zpay	436180	\$145.84
Shamlin, Wilford	FDL	04:14:01 pm	Patient - Payment	Zpay	431102	\$5.00
Shamlin, Wilford	FDL	04:14:14 pm	Patient - Payment	Zpay	430453	\$75.00
Smith, Lynn H	CON	04:21:52 pm	Patient - Payment	Zpay	436227	\$123.67
Stice, Nicholas A	CON	04:11:42 pm	Patient - Payment	Zpay	367993	\$250.00
Toller, Virginia D	FDL	04:15:18 pm	Patient - Payment	Zpay	436209	\$40.00
Tyree, Tina	CON	04:08:08 pm	Patient - Payment	Zpay	436189	\$433.19
Total: 23						\$2,354.61
Total: 63						\$16,565.69
<b>Total: 1274</b>						<b>\$408,546.74</b>

## Summary for all users

Paid By	Count	Payment
ACH	552	\$219,549.98
CHCK	310	\$109,567.72
MORD	4	\$175.00
ZPAY	408	\$79,254.04
Total	1274	\$408,546.74

## American Sleep Medicine 2nd Amended Disclosure Statement

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07/08/22

Accrual Basis

American Sleep Medicine, LLC  
Transactions by Account

As of June 30, 2022

Type	Date	Num	Name	Memo	Class	Clr	Split	Debit	Credit	Balance
<b>20000 · 1-Accounts Payable</b>										
Bill	06/01/2022	0601...	Rent - (HOU) Cha...	JUNE RENT	Houston		67100 · Rent ...		7,991.00	1,131,435.37
Bill	06/01/2022	0601...	Rent - (BALT) Orc...	JUNE RENT	Baltimore		-SPLIT-		8,072.69	1,139,426.37
Bill Pmt -Check	06/01/2022	1336	Rent - (BALT) Orc...	Account# 660-203			100000 · Ban...	8,404.69		1,147,499.06
Bill	06/01/2022	JUN...	Rent - (JAX & HQ)...	June 2022 - Suite 300, 301, 301B,			-SPLIT-		11,881.17	1,139,094.37
Bill	06/01/2022	0601...	Rent - (LOU) Prof...	JUNE RENT	Louisville		67100 · Rent ...		7,046.59	1,150,975.54
Bill Pmt -Check	06/01/2022	1337	Rent - (LOU) Prof...	JUNE RENT			100000 · Ban...	7,046.59		1,158,022.13
Bill	06/01/2022	0601...	Rent - (MEM) BC ...	JUNE RENT	Memphis		67100 · Rent ...		5,955.61	1,150,975.54
Bill Pmt -Check	06/01/2022	1338	Rent - (MEM) BC ...	JUNE RENT			100000 · Ban...	5,955.61		1,156,931.15
Bill	06/01/2022	0601...	Rent - (WEB) Her...	JUNE RENT	Webster		67100 · Rent ...		6,290.85	1,150,975.54
Bill Pmt -Check	06/01/2022	1330	Rent - (WEB) Her...	JUNE RENT			100000 · Ban...	5,863.13		1,157,266.39
Discount	06/01/2022	1330	Rent - (WEB) Her...	JUNE RENT	Webster		100000 · Ban...	427.72		1,151,403.26
Bill	06/01/2022	0601...	Rent - (NEW) CE...	JUNE RENT	Newark		67100 · Rent ...		7,863.58	1,150,975.54
Bill Pmt -Check	06/01/2022	1339	Rent - (NEW) CE...				100000 · Ban...	10,036.09		1,158,839.12
Bill	06/01/2022	0601...	Rent - (ROC) W.M...	JUNE RENT	Rockville		67100 · Rent ...		8,037.13	1,148,803.03
Bill Pmt -Check	06/01/2022	1340	Rent - (ROC) W.M...	JUNE RENT			100000 · Ban...	8,037.13		1,156,840.16
Bill	06/01/2022	June	Florida Blue	June Health Insurance Premium			-SPLIT-		32,018.85	1,148,803.03
Bill	06/01/2022	4997...	eMDs	Customer ID 1001681 AmericanSle...	Jax HQ		-SPLIT-		1,188.05	1,180,821.88
Bill	06/01/2022	4997...	eMDs	Customer ID 1001681 AmericanSle...	Jax HQ		-SPLIT-		15,840.59	1,182,009.93
Bill Pmt -Check	06/01/2022	ACH...	Alabama Power	SVC 4/14-5/16/22			100000 · Ban...	926.43		1,197,850.52
Bill	06/01/2022	0601...	Comcast -BALT54...		Baltimore		Cable Services		457.69	1,196,924.09
Bill Pmt -Check	06/01/2022	ACH...	Office of the U.S. ...	503-21-02741/02850			100000 · Ban...	23,490.00		1,197,381.78
Bill	06/01/2022	JUN...	Reliance Standard...	EE Voluntary benefits June 2022			Supplementa...		3,137.95	1,173,891.78
Bill Pmt -Check	06/02/2022	ACH...	JEA				100000 · Ban...	811.47		1,177,029.73
Bill Pmt -Check	06/03/2022	ACH...	JEA				100000 · Ban...	1,015.12		1,176,218.26
Bill Pmt -Check	06/06/2022	1319	David Yount				100000 · Ban...	167.75		1,175,203.14
Bill Pmt -Check	06/06/2022	ACH...	Cirro Energy				100000 · Ban...	412.82		1,175,035.39
Bill Pmt -Check	06/07/2022	ACH...	Comcast -BALT54...				100000 · Ban...	457.71		1,174,622.57
Bill Pmt -Check	06/07/2022	ACH...	Comcast - ROC14...				100000 · Ban...	436.46		1,174,164.86
Bill	06/08/2022	0608...	Kelly Cummings		Vienna		Fuel		258.10	1,173,728.40
Bill	06/10/2022	0610...	Comcast -Houston...		Webster		Cable Services		552.08	1,173,986.50
Bill Pmt -Check	06/15/2022	ACH...	Verizon NEW-inte...				100000 · Ban...	124.99		1,174,413.59
Bill	06/15/2022	0615...	Comcast - ROC14...	Services 5/23-6/19/22	Newark		Cable Services		382.07	1,174,795.66
Bill Pmt -Check	06/16/2022	1329	Rent - (JAX & HQ)...	June 2022 - Suite 300, 301, 301B,			100000 · Ban...	11,881.17		1,162,914.49
Bill Pmt -Check	06/16/2022	ACH...	Waystar aka ZirMed				100000 · Ban...	4,704.46		1,158,210.03
Bill Pmt -Check	06/17/2022	ACH...	Reliance Standard...				100000 · Ban...	6,904.79		1,151,305.24
Bill Pmt -Check	06/17/2022	ACH...	Pitney Bowes Inc.				100000 · Ban...	134.35		1,174,622.57
Bill	06/17/2022	0617...	Comcast -Houston...	Svc 6/22-7/21/22	Houston		Cable Services		181.97	1,151,170.89
Bill Pmt -Check	06/20/2022	1358	Stratus Building S...				100000 · Ban...	1,537.16		1,151,352.86
Bill Pmt -Check	06/20/2022	1353	Anago Cleaning S...				100000 · Ban...	1,744.10		1,149,815.70
Bill Pmt -Check	06/20/2022	1357	Kelly Cummings				100000 · Ban...	853.30		1,148,071.60
Bill Pmt -Check	06/20/2022	1324	Ballou Fire Syste...	4/13/22-7/12/22			100000 · Ban...	174.00		1,147,218.30
Bill Pmt -Check	06/20/2022	1325	eMDs	CustomerID 1001681 -eMDs			100000 · Ban...	1,188.05		1,147,044.30
Bill Pmt -Check	06/29/2022	ACH...	JEA				100000 · Ban...	1,014.14		1,145,856.25
Bill Pmt -Check	06/29/2022	ACH...	JEA				100000 · Ban...	1,208.14		1,144,842.11
Bill Pmt -Check	06/30/2022	1361	Rent - (HOU) Cha...	JUNE RENT			100000 · Ban...	7,991.00		1,143,633.97
Bill Pmt -Check	06/30/2022	ACH...	Florida Blue	June Health Insurance Premium			100000 · Ban...	32,018.85		1,135,642.97
Bill Pmt -Check	06/30/2022	ACH...	TXU Energy	100061401091			100000 · Ban...	955.99		1,103,624.12
Total 20000 · 1-Accounts Payable								145,923.21	117,155.97	1,102,668.13
<b>TOTAL</b>								<b>145,923.21</b>	<b>117,155.97</b>	<b>1,102,668.13</b>



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07/08/22

Accrual Basis

**American Sleep Medicine, LLC**  
**Transaction Detail By Account**  
**June 2022**

Type	Date	Num	Name	Memo	Class	Clr	Split	Debit	Credit	Balance
<b>Direct Wages</b>										
General Journal	06/02/2022	PR11 ...		Baltimore			ServisFirst Pay...	13,291.34		13,291.34
General Journal	06/02/2022	PR11 ...		Birmingham			ServisFirst Pay...	11,313.46		24,604.80
General Journal	06/02/2022	PR11 ...		Houston			ServisFirst Pay...	13,065.10		37,669.90
General Journal	06/02/2022	PR11 ...		Jacksonvi...			ServisFirst Pay...	16,862.51		54,532.41
General Journal	06/02/2022	PR11 ...		Livingston			ServisFirst Pay...	0.00		54,532.41
General Journal	06/02/2022	PR11 ...		Louisville			ServisFirst Pay...	11,620.42		66,152.83
General Journal	06/02/2022	PR11 ...		Memphis			ServisFirst Pay...	17,923.94		84,076.77
General Journal	06/02/2022	PR11 ...		Nashville			ServisFirst Pay...	12,215.04		96,291.81
General Journal	06/02/2022	PR11 ...		Newark			ServisFirst Pay...	13,902.29		110,194.10
General Journal	06/02/2022	PR11 ...		Indianapo...			ServisFirst Pay...	0.00		110,194.10
General Journal	06/02/2022	PR11 ...		Rockville			ServisFirst Pay...	16,576.42		126,770.52
General Journal	06/02/2022	PR11 ...		Vienna			ServisFirst Pay...	8,697.54		135,468.06
General Journal	06/02/2022	PR11 ...		Webster			ServisFirst Pay...	11,987.69		147,455.75
General Journal	06/02/2022	PR11 ...		Jax HQ			ServisFirst Pay...	29,673.88		177,129.63
General Journal	06/02/2022	PR11 ...		ASP			ServisFirst Pay...	0.00		177,129.63
General Journal	06/16/2022	PR12 ...		Baltimore			ServisFirst Pay...	12,191.34		189,320.97
General Journal	06/16/2022	PR12 ...		Birmingham			ServisFirst Pay...	10,213.46		199,534.43
General Journal	06/16/2022	PR12 ...		Houston			ServisFirst Pay...	12,065.10		211,599.53
General Journal	06/16/2022	PR12 ...		Jacksonvi...			ServisFirst Pay...	15,662.51		227,262.04
General Journal	06/16/2022	PR12 ...		Livingston			ServisFirst Pay...	0.00		227,262.04
General Journal	06/16/2022	PR12 ...		Louisville			ServisFirst Pay...	10,620.42		237,882.46
General Journal	06/16/2022	PR12 ...		Memphis			ServisFirst Pay...	15,723.94		253,606.40
General Journal	06/16/2022	PR12 ...		Nashville			ServisFirst Pay...	11,215.04		264,821.44
General Journal	06/16/2022	PR12 ...		Newark			ServisFirst Pay...	12,941.29		277,762.73
General Journal	06/16/2022	PR12 ...		Indianapo...			ServisFirst Pay...	0.00		277,762.73
General Journal	06/16/2022	PR12 ...		Rockville			ServisFirst Pay...	14,576.20		292,338.93
General Journal	06/16/2022	PR12 ...		Vienna			ServisFirst Pay...	7,697.54		300,036.47
General Journal	06/16/2022	PR12 ...		Webster			ServisFirst Pay...	10,987.69		311,024.16
General Journal	06/16/2022	PR12 ...		Jax HQ			ServisFirst Pay...	26,673.88		337,698.04
General Journal	06/16/2022	PR12 ...		ASP			ServisFirst Pay...	0.00		337,698.04
General Journal	06/30/2022	PR13 ...		Baltimore			ServisFirst Pay...	12,291.34		349,989.38
General Journal	06/30/2022	PR13 ...		Birmingham			ServisFirst Pay...	10,313.46		360,302.84
General Journal	06/30/2022	PR13 ...		Houston			ServisFirst Pay...	12,065.10		372,367.94
General Journal	06/30/2022	PR13 ...		Jacksonvi...			ServisFirst Pay...	15,862.51		388,230.45
General Journal	06/30/2022	PR13 ...		Livingston			ServisFirst Pay...	0.00		388,230.45
General Journal	06/30/2022	PR13 ...		Louisville			ServisFirst Pay...	10,620.42		398,850.87
General Journal	06/30/2022	PR13 ...		Memphis			ServisFirst Pay...	15,923.94		414,774.81
General Journal	06/30/2022	PR13 ...		Nashville			ServisFirst Pay...	11,215.04		425,989.85
General Journal	06/30/2022	PR13 ...		Newark			ServisFirst Pay...	12,902.29		438,892.14
General Journal	06/30/2022	PR13 ...		Indianapo...			ServisFirst Pay...	0.00		438,892.14
General Journal	06/30/2022	PR13 ...		Rockville			ServisFirst Pay...	14,576.42		453,468.56
General Journal	06/30/2022	PR13 ...		Vienna			ServisFirst Pay...	7,697.54		461,166.10
General Journal	06/30/2022	PR13 ...		Webster			ServisFirst Pay...	10,987.69		472,153.79
General Journal	06/30/2022	PR13 ...		Jax HQ			ServisFirst Pay...	26,673.88		498,827.67
General Journal	06/30/2022	PR13 ...		ASP			ServisFirst Pay...	0.00		498,827.67
Total Direct Wages								498,827.67	0.00	498,827.67
<b>TOTAL</b>								<b>498,827.67</b>	<b>0.00</b>	<b>498,827.67</b>

## Unpaid Bills Detail

As of April 30, 2022

	Type	Date	Num
<b>Alabama Power</b>			
	Bill	04/14/2022	041422
Total Alabama Power			
<b>American Sleep Medicine</b>			
	General Journal	01/31/2022	013122AREV
Total American Sleep Medicine			
<b>Ameriflex</b>			
	Bill	01/07/2022	INV470885
Total Ameriflex			
<b>Anago Cleaning Systems</b>			
	Bill	04/05/2022	30637
Total Anago Cleaning Systems			
<b>AT&amp;T - 5019</b>			
	Bill	01/11/2022	Jan billing
	Bill	02/11/2022	Feb billing
Total AT&T - 5019			
<b>Ballou Fire Systems LLC</b>			
	Bill	03/15/2022	112616
Total Ballou Fire Systems LLC			
<b>Comcast - ROC1458/NEW7510/ROC4707</b>			
	Bill	03/27/2022	032722#1458
	Bill	04/15/2022	041522#7510
	Bill	04/27/2022	042722
Total Comcast - ROC1458/NEW7510/ROC4707			
<b>Comcast -BALT5412</b>			
	Bill	03/01/2022	0301225412
	Bill	04/01/2022	0401225412
Total Comcast -BALT5412			
<b>Comcast -Houston 3794/Webster 2983</b>			
	Bill	03/17/2022	031722HOUSTON
	Bill	04/10/2022	041022#2983
	Bill	04/17/2022	041722HOUSTON
Total Comcast -Houston 3794/Webster 2983			
<b>Cook's Pest Control Inc.</b>			
	Bill	02/02/2022	20531397
	Bill	04/06/2022	20871952
Total Cook's Pest Control Inc.			
<b>Cyracom, LLC</b>			
	Bill	02/28/2022	2022003562
	Bill	04/30/2022	2022015884
Total Cyracom, LLC			
<b>DOC BALT- Dr. Sangjin Oh</b>			
	Bill	12/15/2021	Payout Nov 2021
Total DOC BALT- Dr. Sangjin Oh			
<b>DOC BALT - Dr Sangjin Oh MDF</b>			

## Unpaid Bills Detail

As of April 30, 2022

	Type	Date	Num
	Bill	11/01/2021	MDF Nov 2021
Total DOC BALT - Dr Sangjin Oh MDF			
<b>DOC HOU - Dr. Strahil Atanasov - MDF</b>			
	Bill	11/01/2021	MDF NOV 2021
Total DOC HOU - Dr. Strahil Atanasov - MDF			
<b>DOC INDY - Dr. Kunwar Vohra - MDF</b>			
	Bill	10/01/2021	MFD 10/2021
	Bill	09/30/2021	MFD 07/2021 REISSUE
Total DOC INDY - Dr. Kunwar Vohra - MDF			
<b>DOC INDY - Dr. Wojciech Ornowski -MDF</b>			
	Bill	09/01/2021	MFD 09/2021
Total DOC INDY - Dr. Wojciech Ornowski -MDF			
<b>DOC JAX- Dr. Sorresso</b>			
	Bill	11/30/2021	NOV 2021
	Bill	12/31/2021	DEC 2021
	Bill	01/31/2022	JAN 2022
	Bill	02/28/2022	FEB 2022
	Bill	03/31/2022	MAR 2022
Total DOC JAX- Dr. Sorresso			
<b>DOC JAX- Dr. Sorresso - MDF</b>			
	General Journal	07/31/2020	MDF/Sorress
	Bill	12/31/2021	MDF DEC2021
	Bill	01/31/2022	MDFJAN 2022
	Bill	02/27/2022	MDF FEB 2022
	Bill	03/31/2022	MDF MAR 2022
	Bill	04/30/2022	MDF APR 2022
Total DOC JAX- Dr. Sorresso - MDF			
<b>DOC NASH - Dr. Martha Hagaman</b>			
	Bill	10/31/2021	October 2021
	Bill	11/30/2021	November 2021
	Bill	12/31/2021	December 2021
	Bill	01/31/2022	January 2022
	Bill	02/28/2022	February 2022
Total DOC NASH - Dr. Martha Hagaman			
<b>DOC NASH - Dr. Martha Hagaman - MDF</b>			
	Bill	12/31/2021	MDF DEC 2021
	Bill	01/31/2022	MDF JAN 2022
	Bill	02/28/2022	MDF FEB 2022
Total DOC NASH - Dr. Martha Hagaman - MDF			
<b>DOC SD - Dr. Houman Dahi</b>			
	Bill	09/07/2021	August 2021
	Bill	10/07/2021	September 2021
Total DOC SD - Dr. Houman Dahi			
<b>DOC VIE - Dr. Richard Hoffman</b>			
	Bill	11/30/2021	DEC 21 PAYOUT

## Unpaid Bills Detail

As of April 30, 2022

	Type	Date	Num
Total DOC VIE - Dr. Richard Hoffman			
<b>Duval County Tax Collector</b>			
	Bill	11/11/2021	925503-8000
Total Duval County Tax Collector			
<b>Ecolab Inc</b>			
	Bill	01/24/2022	6023272
	Bill	04/26/2022	6612630
Total Ecolab Inc			
<b>Florida Blue</b>			
	Bill	04/01/2022	April
Total Florida Blue			
<b>GFL Environmental</b>			
	Bill	02/18/2022	UG0000050405
	Bill	03/18/2022	UG0000054036
Total GFL Environmental			
<b>Harris County M.U.D.</b>			
	Bill	02/01/2022	CAD 2221192-2021PPT
Total Harris County M.U.D.			
<b>IPFS Corporation</b>			
	Bill	09/16/2021	ILP-32492 #4
Total IPFS Corporation			
<b>Jan-Pro of Washington DC - ROCK</b>			
	Bill	04/01/2022	171931
Total Jan-Pro of Washington DC - ROCK			
<b>Jan-Pro of Washington DC - VIE</b>			
	Bill	01/01/2022	160328
Total Jan-Pro of Washington DC - VIE			
<b>JEA</b>			
	General Journal	01/31/2022	013121JEARC
	Bill	12/16/2021	121621/3412
	Bill	04/19/2022	041922
	Bill	04/19/2022	041922A
Total JEA			
<b>John Heinlein</b>			
	Bill	01/06/2022	
Total John Heinlein			
<b>Maintenance Warriors</b>			
	Bill	04/01/2022	2350
Total Maintenance Warriors			
<b>McKesson-680196</b>			
	Bill	12/31/2021	DEC21
	Bill	01/31/2022	VARIOUSJAN
	Bill	02/03/2022	FEB INVOICES
Total McKesson-680196			
<b>Med-Stat Medical</b>			

## American Sleep Medicine, LLC

American Sleep Medicine 2nd Amended Disclosure Statement

## Unpaid Bills Detail

As of April 30, 2022

	Type	Date	Num
	Bill	04/27/2022	57992
Total Med-Stat Medical			
<b>MVAP Medical Supplies</b>			
	Bill	12/01/2021	
Total MVAP Medical Supplies			
<b>New Jersey Department of Labor and Workfo</b>			
	Bill	12/22/2021	
	Bill	12/21/2021	
Total New Jersey Department of Labor and Workfo			
<b>PEPCO</b>			
	Bill	04/21/2022	042122
Total PEPCO			
<b>Pitney Bowes Global Financial Services, L</b>			
	Bill	01/03/2022	3105266460late
	Bill	04/04/2022	3105450911late
Total Pitney Bowes Global Financial Services, L			
<b>Pitney Bowes Inc.</b>			
	Bill	02/03/2022	3105315102
	Bill	03/15/2022	1020316395
Total Pitney Bowes Inc.			
<b>Pitney Bowes Purchase Power</b>			
	Bill	09/26/2021	6426 MASTER 09/2021
	Bill	12/31/2021	EFT
Total Pitney Bowes Purchase Power			
<b>Private Eyes, Inc.</b>			
	Bill	08/01/2021	6146
	Bill	09/01/2021	7560
	Bill	10/02/2021	7804
	Bill	04/01/2022	11866
Total Private Eyes, Inc.			
<b>Reliance Standard Life Insurance Company</b>			
	Bill	03/01/2022	MARVOLUNTARY
	Bill	04/01/2022	APRVOLUNTARY
Total Reliance Standard Life Insurance Company			
<b>Rent - (BALT) Orchard Investment</b>			
	Bill	11/01/2021	NOV RENT
	Bill	04/01/2022	2864
Total Rent - (BALT) Orchard Investment			
<b>Rent - (BIRM) Design Resource Center, LLC</b>			
	Bill	10/01/2021	October 2021
	Bill	03/19/2022	2021-130
Total Rent - (BIRM) Design Resource Center, LLC			
<b>Rent - (HOU) Chayn Mousa</b>			
	Bill	10/01/2021	October 2021
Total Rent - (HOU) Chayn Mousa			

## American Sleep Medicine, LLC

American Sleep Medicine 2nd Amended Disclosure Statement

## Unpaid Bills Detail

As of April 30, 2022

	Type	Date	Num
<b>Rent - (INDY) IN-9240 Meridian, LLC</b>			
	Bill	09/27/2021	LATE FEE Sept 2021
	Bill	10/12/2021	
Total Rent - (INDY) IN-9240 Meridian, LLC			
<b>Rent - (JAX &amp; HQ) Belfort 3 Partners LLC</b>			
	Bill	10/01/2021	October 2021
	Bill	10/11/2021	Sept 2021 LateFee
Total Rent - (JAX & HQ) Belfort 3 Partners LLC			
<b>Rent - (LOU) Professional Towers</b>			
	Bill	12/31/2021	123121
Total Rent - (LOU) Professional Towers			
<b>Rent - (MEM) BC Commercial Properties LLC</b>			
	Bill	10/01/2021	October 2021
	Bill	09/27/2021	Sept 2021 Late Fee
Total Rent - (MEM) BC Commercial Properties LLC			
<b>Rent - (NASH) Maryland Park Center</b>			
	Bill	10/01/2021	October 2021
Total Rent - (NASH) Maryland Park Center			
<b>Rent - (NEW) CEC 200, LLC</b>			
	Bill	02/11/2022	021122
	Bill	03/24/2022	032422
	Bill	04/13/2022	041322
Total Rent - (NEW) CEC 200, LLC			
<b>Rent - (ROC) W.M. Rickman Const Co. LLC</b>			
Total Rent - (ROC) W.M. Rickman Const Co. LLC			
<b>Rent - (VIE) BSC/RG Boone Blvd Owner</b>			
	Bill	10/01/2021	October 2021
Total Rent - (VIE) BSC/RG Boone Blvd Owner			
<b>Rent - (WEB) Hercules Houston Partners LP</b>			
	Bill	10/01/2021	October 2021
Total Rent - (WEB) Hercules Houston Partners LP			
<b>Ricoh USA, INC 827577</b>			
	Bill	02/12/2022	9029599746
	Bill	01/26/2022	36066218
	Bill	02/02/2022	9029567329
	Bill	03/11/2022	36309712
	Bill	03/12/2022	9029784592
	Bill	02/15/2022	5063907589
	Bill	03/02/2022	9029732163
	Bill	03/14/2022	9029786933
	Bill	03/15/2022	5064158579
	Bill	04/19/2022	9029966356
Total Ricoh USA, INC 827577			
<b>Shred-It USA - Chicago</b>			
	Bill	01/26/2022	9004300799

## American Sleep Medicine, LLC

American Sleep Medicine 2nd Amended Disclosure Statement

## Unpaid Bills Detail

As of April 30, 2022

	Type	Date	Num
	Bill	01/26/2022	9004300974
	Bill	03/03/2022	8001130832
Total Shred-It USA - Chicago			
<b>Spectrum Business (formerly Charter)</b>			
	Bill	03/02/2022	0158809030222
	Bill	04/02/2022	0158809040222
Total Spectrum Business (formerly Charter)			
<b>Spectrum Business (Time Warner Cable)</b>			
	Bill	03/24/2022	0007909032422
	Bill	04/24/2022	0007909042422
Total Spectrum Business (Time Warner Cable)			
<b>Staples Advantage</b>			
	Bill	03/14/2022	8065569501
	Bill	03/21/2022	8065642730
	Bill	03/28/2022	8065717565
	Bill	04/04/2022	8065810323
	Bill	04/11/2022	8065886212
	Bill	04/18/2022	8065958760
Total Staples Advantage			
<b>SunMed/Salter Labs</b>			
	Bill	01/26/2022	2353921
Total SunMed/Salter Labs			
<b>Thermal Engineers, Inc.</b>			
	Bill	02/03/2022	22326/19891
Total Thermal Engineers, Inc.			
<b>UHC - United Healthcare</b>			
	Bill Pmt -Check	11/11/2021	EFT ONLINE
	Bill	12/01/2021	227333745706
Total UHC - United Healthcare			
<b>Verizon VIE - 9489 41Y 7444</b>			
	Bill	04/22/2022	042222-VIE
Total Verizon VIE - 9489 41Y 7444			
<b>Waystar aka ZirMed</b>			
	Bill	03/10/2022	300238017
Total Waystar aka ZirMed			
<b>Williamson County Trustee</b>			
	Bill	02/28/2022	PPT2021
Total Williamson County Trustee			
<b>Windstream Communications</b>			
	Bill	02/22/2022	74585133
Total Windstream Communications			
<b>TOTAL</b>			

## American Sleep Medicine, LLC

American Sleep Medicine 2nd Amended Disclosure Statement

## Unpaid Bills Detail

As of April 30, 2022

	Due Date	Aging	Open Balance
<b>Alabama Power</b>			
	04/14/2022	16	926.43
Total Alabama Power			926.43
<b>American Sleep Medicine</b>			
			-1,037.21
Total American Sleep Medicine			-1,037.21
<b>Ameriflex</b>			
	01/17/2022	103	63.00
Total Ameriflex			63.00
<b>Anago Cleaning Systems</b>			
	05/05/2022		1,744.10
Total Anago Cleaning Systems			1,744.10
<b>AT&amp;T - 5019</b>			
	02/10/2022	79	4,762.97
	03/13/2022	48	4,925.52
Total AT&T - 5019			9,688.49
<b>Ballou Fire Systems LLC</b>			
	03/15/2022	46	174.00
Total Ballou Fire Systems LLC			174.00
<b>Comcast - ROC1458/NEW7510/ROC4707</b>			
	04/16/2022	14	396.98
	05/05/2022		382.07
	05/17/2022		436.46
Total Comcast - ROC1458/NEW7510/ROC4707			1,215.51
<b>Comcast -BALT5412</b>			
	03/21/2022	40	416.27
	04/21/2022	9	416.09
Total Comcast -BALT5412			832.36
<b>Comcast -Houston 3794/Webster 2983</b>			
	03/27/2022	34	172.01
	04/20/2022	10	528.24
	04/27/2022	3	192.11
Total Comcast -Houston 3794/Webster 2983			892.36
<b>Cook's Pest Control Inc.</b>			
	02/12/2022	77	75.00
	04/16/2022	14	75.00
Total Cook's Pest Control Inc.			150.00
<b>Cyracom, LLC</b>			
	03/10/2022	51	59.76
	05/30/2022		164.34
Total Cyracom, LLC			224.10
<b>DOC BALT- Dr. Sangjin Oh</b>			
	12/15/2021	136	2,042.64
Total DOC BALT- Dr. Sangjin Oh			2,042.64
<b>DOC BALT - Dr Sangjin Oh MDF</b>			



## American Sleep Medicine, LLC

American Sleep Medicine 2nd Amended Disclosure Statement

## Unpaid Bills Detail

As of April 30, 2022

	Due Date	Aging	Open Balance
	11/01/2021	180	500.00
Total DOC BALT - Dr Sangjin Oh MDF			500.00
<b>DOC HOU - Dr. Strahil Atanasov - MDF</b>			
	11/01/2021	180	500.00
Total DOC HOU - Dr. Strahil Atanasov - MDF			500.00
<b>DOC INDY - Dr. Kunwar Vohra - MDF</b>			
	10/01/2021	211	500.00
	10/10/2021	202	500.00
Total DOC INDY - Dr. Kunwar Vohra - MDF			1,000.00
<b>DOC INDY - Dr. Wojciech Ornowski -MDF</b>			
	09/01/2021	241	500.00
Total DOC INDY - Dr. Wojciech Ornowski -MDF			500.00
<b>DOC JAX- Dr. Sorresso</b>			
	11/30/2021	151	2,720.29
	12/31/2021	120	2,461.76
	01/31/2022	89	793.13
	02/28/2022	61	2,024.36
	04/30/2022		779.58
Total DOC JAX- Dr. Sorresso			8,779.12
<b>DOC JAX- Dr. Sorresso - MDF</b>			
			-500.00
	12/31/2021	120	500.00
	01/31/2022	89	500.00
	02/27/2022	62	500.00
	03/31/2022	30	500.00
	04/30/2022		500.00
Total DOC JAX- Dr. Sorresso - MDF			2,000.00
<b>DOC NASH - Dr. Martha Hagaman</b>			
	10/31/2021	181	2,274.00
	11/30/2021	151	3,625.00
	12/31/2021	120	2,250.00
	01/31/2022	89	1,625.00
	02/28/2022	61	2,125.00
Total DOC NASH - Dr. Martha Hagaman			11,899.00
<b>DOC NASH - Dr. Martha Hagaman - MDF</b>			
	12/31/2021	120	500.00
	01/31/2022	89	500.00
	02/28/2022	61	500.00
Total DOC NASH - Dr. Martha Hagaman - MDF			1,500.00
<b>DOC SD - Dr. Houman Dahi</b>			
	09/07/2021	235	2,153.20
	10/17/2021	195	931.40
Total DOC SD - Dr. Houman Dahi			3,084.60
<b>DOC VIE - Dr. Richard Hoffman</b>			
	12/31/2021	120	16,696.00

## American Sleep Medicine, LLC

American Sleep Medicine 2nd Amended Disclosure Statement

## Unpaid Bills Detail

As of April 30, 2022

	Due Date	Aging	Open Balance
Total DOC VIE - Dr. Richard Hoffman			16,696.00
<b>Duval County Tax Collector</b>			
	04/30/2022		1,675.52
Total Duval County Tax Collector			1,675.52
<b>Ecolab Inc</b>			
	02/23/2022	66	53.99
	05/26/2022		59.80
Total Ecolab Inc			113.79
<b>Florida Blue</b>			
	05/01/2022		34,876.51
Total Florida Blue			34,876.51
<b>GFL Environmental</b>			
	02/18/2022	71	516.06
	03/18/2022	43	627.49
Total GFL Environmental			1,143.55
<b>Harris County M.U.D.</b>			
	02/11/2022	78	63.55
Total Harris County M.U.D.			63.55
<b>IPFS Corporation</b>			
	10/01/2021	211	8,318.07
Total IPFS Corporation			8,318.07
<b>Jan-Pro of Washington DC - ROCK</b>			
	05/01/2022		1,102.40
Total Jan-Pro of Washington DC - ROCK			1,102.40
<b>Jan-Pro of Washington DC - VIE</b>			
	01/31/2022	89	955.00
Total Jan-Pro of Washington DC - VIE			955.00
<b>JEA</b>			
			954.91
	01/07/2022	113	40.16
	04/29/2022	1	1,015.12
	05/11/2022		811.47
Total JEA			2,821.66
<b>John Heinlein</b>			
	01/16/2022	104	146.84
Total John Heinlein			146.84
<b>Maintenance Warriors</b>			
	04/11/2022	19	1,082.50
Total Maintenance Warriors			1,082.50
<b>McKesson-680196</b>			
	01/30/2022	90	5,081.29
	03/02/2022	59	4,661.41
	03/05/2022	56	3,320.41
Total McKesson-680196			13,063.11
<b>Med-Stat Medical</b>			

## American Sleep Medicine, LLC

American Sleep Medicine 2nd Amended Disclosure Statement

## Unpaid Bills Detail

As of April 30, 2022

	Due Date	Aging	Open Balance
	05/27/2022		316.55
Total Med-Stat Medical			316.55
<b>MVAP Medical Supplies</b>			
	12/01/2021	150	762.86
Total MVAP Medical Supplies			762.86
<b>New Jersey Department of Labor and Workfo</b>			
	12/22/2021	129	467.30
	12/31/2021	120	178.46
Total New Jersey Department of Labor and Workfo			645.76
<b>PEPCO</b>			
	05/01/2022		592.78
Total PEPCO			592.78
<b>Pitney Bowes Global Financial Services, L</b>			
	02/02/2022	87	56.64
	04/14/2022	16	56.64
Total Pitney Bowes Global Financial Services, L			113.28
<b>Pitney Bowes Inc.</b>			
	03/05/2022	56	56.64
	04/14/2022	16	134.35
Total Pitney Bowes Inc.			190.99
<b>Pitney Bowes Purchase Power</b>			
	10/21/2021	191	1,511.80
	12/31/2021	120	500.00
Total Pitney Bowes Purchase Power			2,011.80
<b>Private Eyes, Inc.</b>			
	08/01/2021	272	1,665.00
	09/01/2021	241	1,078.00
	10/02/2021	210	743.00
	04/01/2022	29	261.00
Total Private Eyes, Inc.			3,747.00
<b>Reliance Standard Life Insurance Company</b>			
	04/01/2022	29	3,397.27
	05/01/2022		3,475.08
Total Reliance Standard Life Insurance Company			6,872.35
<b>Rent - (BALT) Orchard Investment</b>			
	11/01/2021	180	7,839.88
	04/01/2022	29	332.00
Total Rent - (BALT) Orchard Investment			8,171.88
<b>Rent - (BIRM) Design Resource Center, LLC</b>			
	10/01/2021	211	8,808.02
	03/19/2022	42	382.65
Total Rent - (BIRM) Design Resource Center, LLC			9,190.67
<b>Rent - (HOU) Chayn Mousa</b>			
	10/01/2021	211	9,405.00
Total Rent - (HOU) Chayn Mousa			9,405.00

## American Sleep Medicine, LLC

American Sleep Medicine 2nd Amended Disclosure Statement

## Unpaid Bills Detail

As of April 30, 2022

	Due Date	Aging	Open Balance
<b>Rent - (INDY) IN-9240 Meridian, LLC</b>			
	10/07/2021	205	567.00
	10/12/2021	200	21,186.44
Total Rent - (INDY) IN-9240 Meridian, LLC			21,753.44
<b>Rent - (JAX &amp; HQ) Belfort 3 Partners LLC</b>			
	10/01/2021	211	13,977.84
	10/21/2021	191	601.03
Total Rent - (JAX & HQ) Belfort 3 Partners LLC			14,578.87
<b>Rent - (LOU) Professional Towers</b>			
	12/31/2021	120	2,808.44
Total Rent - (LOU) Professional Towers			2,808.44
<b>Rent - (MEM) BC Commercial Properties LLC</b>			
	10/01/2021	211	6,907.45
	10/07/2021	205	690.75
Total Rent - (MEM) BC Commercial Properties LLC			7,598.20
<b>Rent - (NASH) Maryland Park Center</b>			
	10/01/2021	211	11,735.84
Total Rent - (NASH) Maryland Park Center			11,735.84
<b>Rent - (NEW) CEC 200, LLC</b>			
	02/11/2022	78	715.82
	03/24/2022	37	774.54
	04/13/2022	17	682.15
Total Rent - (NEW) CEC 200, LLC			2,172.51
<b>Rent - (ROC) W.M. Rickman Const Co. LLC</b>			
Total Rent - (ROC) W.M. Rickman Const Co. LLC			0.00
<b>Rent - (VIE) BSC/RG Boone Blvd Owner</b>			
	10/01/2021	211	17,135.99
Total Rent - (VIE) BSC/RG Boone Blvd Owner			17,135.99
<b>Rent - (WEB) Hercules Houston Partners LP</b>			
	10/01/2021	211	7,401.00
Total Rent - (WEB) Hercules Houston Partners LP			7,401.00
<b>Ricoh USA, INC 827577</b>			
	03/14/2022	47	2,428.34
	03/27/2022	34	334.67
	04/03/2022	27	128.18
	04/10/2022	20	52.37
	04/11/2022	19	2,428.34
	04/16/2022	14	3,145.55
	05/01/2022		8.68
	05/13/2022		22.18
	05/14/2022		2,995.91
	06/18/2022		3,751.98
Total Ricoh USA, INC 827577			15,296.20
<b>Shred-It USA - Chicago</b>			
	02/25/2022	64	28.00

## American Sleep Medicine, LLC

American Sleep Medicine 2nd Amended Disclosure Statement

## Unpaid Bills Detail

As of April 30, 2022

	Due Date	Aging	Open Balance
	02/25/2022	64	28.00
	04/02/2022	28	211.00
Total Shred-It USA - Chicago			267.00
<b>Spectrum Business (formerly Charter)</b>			
	03/22/2022	39	139.98
	04/22/2022	8	142.07
Total Spectrum Business (formerly Charter)			282.05
<b>Spectrum Business (Time Warner Cable)</b>			
	03/24/2022	37	204.16
	04/24/2022	6	203.91
Total Spectrum Business (Time Warner Cable)			408.07
<b>Staples Advantage</b>			
	03/24/2022	37	1,702.06
	04/20/2022	10	172.22
	04/27/2022	3	146.04
	05/04/2022		48.55
	05/11/2022		2,754.60
	05/18/2022		192.15
Total Staples Advantage			5,015.62
<b>SunMed/Salter Labs</b>			
	02/25/2022	64	104.82
Total SunMed/Salter Labs			104.82
<b>Thermal Engineers, Inc.</b>			
	02/03/2022	86	1,042.50
Total Thermal Engineers, Inc.			1,042.50
<b>UHC - United Healthcare</b>			
			-421.94
	01/01/2022	119	435.29
Total UHC - United Healthcare			13.35
<b>Verizon VIE - 9489 41Y 7444</b>			
	05/22/2022		437.22
Total Verizon VIE - 9489 41Y 7444			437.22
<b>Waystar aka ZirMed</b>			
	04/09/2022	21	4,704.46
Total Waystar aka ZirMed			4,704.46
<b>Williamson County Trustee</b>			
	03/10/2022	51	0.00
Total Williamson County Trustee			0.00
<b>Windstream Communications</b>			
	03/13/2022	48	2,014.29
Total Windstream Communications			2,014.29
<b>TOTAL</b>			<b>286,565.00</b>

## American Sleep Medicine, LLC

American Sleep Medicine 2nd Amended Disclosure Statement

## A/R Aging Summary

As of April 30, 2022

	Current	1 - 30	31 - 60	61 - 90
Bagnoli & Salah Partnership	0.00	0.00	0.00	0.00
Dr. Al-Masalkhi	0.00	0.00	0.00	0.00
Dr. Campbell	0.00	0.00	0.00	0.00
Dr. Clifton Hunt	0.00	0.00	0.00	0.00
Dr. D Sorresso	0.00	0.00	0.00	0.00
Dr. Dweik	0.00	0.00	0.00	0.00
Dr. Eyad Dughly	0.00	0.00	0.00	0.00
Dr. Hoffman	0.00	1,200.00	0.00	2,400.00
Dr. Joshua Aaron, MD	0.00	0.00	0.00	2,950.00
Dr. Keya	600.00	600.00	0.00	600.00
Dr. M Miller M.D.	0.00	2,400.00	0.00	2,400.00
Dr. Miller, M.D.	0.00	0.00	0.00	0.00
Dr. Muhammad Zamar - MEM	0.00	0.00	0.00	0.00
Dr. Oh/ Dughly & A	0.00	0.00	0.00	750.00
Dr. Roth	0.00	0.00	0.00	0.00
Dr. Said Shanawani.	0.00	0.00	0.00	0.00
Dr. Scott Cologne, MD LLC	0.00	0.00	0.00	0.00
Dr. Syed Nabi	0.00	1,200.00	0.00	2,400.00
Dr. Vohra	0.00	0.00	0.00	0.00
Dr. Zandra Petway	1,200.00	0.00	0.00	0.00
Dr. Richard Parcinski	0.00	0.00	0.00	0.00
Kevin Tucker	0.00	0.00	0.00	0.00
KPA-Dr. Mei	0.00	0.00	0.00	0.00
Metropolitan Pulmonary & Sleep Medicine	0.00	0.00	0.00	0.00
Respironics-Marketing	0.00	0.00	0.00	0.00
Sleep and Pulmonary Specialists PLLC	0.00	0.00	0.00	0.00
<b>TOTAL</b>	<b>1,800.00</b>	<b>5,400.00</b>	<b>0.00</b>	<b>11,500.00</b>

## American Sleep Medicine, LLC

American Sleep Medicine 2nd Amended Disclosure Statement

## A/R Aging Summary

As of April 30, 2022

	> 90	TOTAL
Bagnoli & Salah Partnership	10,520.00	10,520.00
Dr. Al-Masalkhi	550.00	550.00
Dr. Campbell	0.00	0.00
Dr. Clifton Hunt	957.75	957.75
Dr. D Sorresso	0.00	0.00
Dr. Dweik	0.00	0.00
Dr. Eyad Dughly	0.00	0.00
Dr. Hoffman	0.00	3,600.00
Dr. Joshua Aaron, MD	14,750.00	17,700.00
Dr. Keya	1,200.00	3,000.00
Dr. M Miller M.D.	2,400.00	7,200.00
Dr. Miller, M.D.	0.00	0.00
Dr. Muhammad Zamar - MEM	0.00	0.00
Dr. Oh/ Dughly & A	750.00	1,500.00
Dr. Roth	0.00	0.00
Dr. Said Shanawani.	2,850.00	2,850.00
Dr. Scott Cologne, MD LLC	0.00	0.00
Dr. Syed Nabi	2,400.00	6,000.00
Dr. Vohra	0.00	0.00
Dr. Zandra Petway	0.00	1,200.00
Dr. Richard Parcinski	0.00	0.00
Kevin Tucker	0.00	0.00
KPA-Dr. Mei	10,400.00	10,400.00
Metropolitan Pulmonary & Sleep Medicine	5,200.00	5,200.00
Respironics-Marketing	0.00	0.00
Sleep and Pulmonary Specialists PLLC	0.00	0.00
<b>TOTAL</b>	<b>51,977.75</b>	<b>70,677.75</b>

## Exhibit D - Governmental and Tax Claims

**Creditor:** (7338584)  
 MARION COUNTY TREASURER  
 MARION COUNTY TREASURER BANKRUPTCY  
 200 E WASHINGTON ST STE 1041  
 INDIANAPOLIS IN 46204

**Claim No: 1**  
*Original Filed Date:* 09/23/2021  
*Original Entered Date:* 09/23/2021

**Status:**  
*Filed by:* CR  
*Entered by:* Intake1  
*Modified:*

Amount claimed: \$2745.63  
 Priority claimed: \$2745.63



**Creditor:** (7334520)  
 IRS  
 CNTRLZD INSOLVENCY OPRTN  
 PO BOX 7346  
 PHILADELPHIA, PA 19101-7346

**Claim No: 6**  
*Original Filed Date:* 10/08/2021  
*Original Entered Date:* 10/08/2021  
*Last Amendment Filed:* 02/15/2022  
*Last Amendment Entered:* 02/15/2022

**Status:**  
*Filed by:* CR  
*Entered by:* JOHN R HALLMAN  
*Modified:*

Amount claimed: \$0.00  
 Secured claimed: \$0.00  
 Priority claimed: \$0.00

**History:**

[Details](#)  [6-1](#) 10/08/2021 Claim #6 filed by IRS, Amount claimed: \$46702.97 (HALLMAN, JOHN)  
[Details](#)  [6-2](#) 02/15/2022 Amended Claim #6 filed by IRS, Amount claimed: \$0.00 (HALLMAN, JOHN)


**Creditor:** (7346768)  
 State of Alabama, Department of Revenue  
 Legal Division  
 P.O. Box 320001  
 Montgomery, AL 36132-0001

**Claim No: 10**  
*Original Filed Date:* 10/19/2021  
*Original Entered Date:* 10/19/2021

**Status:**  
*Filed by:* CR  
*Entered by:* admin  
*Modified:*

Amount claimed: \$861.12  
 Priority claimed: \$861.12

**History:**

[Details](#)  [10-1](#) 10/19/2021 Claim #10 filed by State of Alabama, Department of Revenue, Amount claimed: \$861.12 (admin)




## EXHIBIT D – PROOFS OF CLAIMS. BY TAX OR GOVERNMENTAL ENTITIES

<b>Creditor:</b> (7353226) COUNTY OF ORANGE TREASURER-TAX COLLECTOR PO BOX 4515 SANTA ANA CA 92702-4515	<b>Claim No: 13</b> <i>Original Filed Date:</i> 11/05/2021 <i>Original Entered Date:</i> 11/05/2021	<b>Status:</b> <i>Filed by:</i> CR <i>Entered by:</i> Intake3 <i>Modified:</i>
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Amount claimed: \$2586.19

Priority claimed: \$2586.19

**History:**

[Details](#)  [13-1](#) 11/05/2021 Claim #13 filed by COUNTY OF ORANGE TREASURER-TAX COLLECTOR, Amount claimed: \$2586.19 (Intake3)

**Description:** (13-1) Business Property Taxes 01-01-2021 TCREF# 0693357

<b>Creditor:</b> (7364630) Texas Workforce Commission Regulatory Integrity Division - SAU Room 556 101 E. 15th Street Austin, TX 78778-0001	<b>Claim No: 18</b> <i>Original Filed Date:</i> 12/10/2021 <i>Original Entered Date:</i> 12/10/2021 <i>Last Amendment Filed:</i> 05/26/2022 <i>Last Amendment Entered:</i> 05/26/2022	<b>Status:</b> <i>Filed by:</i> CR <i>Entered by:</i> ERIN C REID <i>Modified:</i>
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Amount claimed: \$1938.79

Priority claimed: \$1938.79

**History:**





[Details](#)  [18-1](#) 12/10/2021 Claim #18 filed by Texas Workforce Commission, Amount claimed: \$2111.36 (REID, ERIN)

[Details](#)  [18-2](#) 05/26/2022 Amended Claim #18 filed by Texas Workforce Commission, Amount claimed: \$1938.79 (REID, ERIN)

**Description:** (18-1) Unemployment taxes

(18-2) Unemployment taxes

**Remarks:**

<b>Creditor:</b> (7364630) Texas Workforce Commission Regulatory Integrity Division Room 556 101 E. 15th Street Austin, TX 78778-0001	<b>Claim No: 19</b> Original Filed Date: 12/10/2021 Original Entered Date: 12/10/2021 Last Amendment Filed: 05/26/2022 Last Amendment Entered: 05/26/2022	<b>Status:</b> Filed by: CR Entered by: ERIN C REID Modified:
Amount claimed: \$5621.91		
<b>History:</b> <a href="#">Details</a>  <a href="#">19-1</a> 12/10/2021 Claim #19 filed by Texas Workforce Commission, Amount claimed: \$701.77 (REID, ERIN) <a href="#">Details</a>  <a href="#">19-2</a> 02/14/2022 Amended Claim #19 filed by Texas Workforce Commission, Amount claimed: \$3217.49 (REID, ERIN) <a href="#">Details</a>  <a href="#">19-3</a> 02/14/2022 Amended Claim #19 filed by Texas Workforce Commission, Amount claimed: \$3217.49 (REID, ERIN) <a href="#">Details</a>  <a href="#">19-4</a> 05/26/2022 Amended Claim #19 filed by Texas Workforce Commission, Amount claimed: \$5621.91 (REID, ERIN)		
<b>Description:</b> (19-1) Unemployment taxes (19-2) Unemployment taxes (19-3) Unemployment taxes (19-4) Unemployment taxes		
<b>Remarks:</b> (19-1) Administrative expense (19-2) Administrative expense (19-3) Administrative expense (19-4) Administrative expense		

American Sleep Medicine, LLC  
Balance Sheet

Cash on hand or on deposit From June Operating Report	\$	293,036.00
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Collectable accounts receivables Current	\$	70,675.75
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Office Fixtures and machinery Day of Filing	\$	40,983.39
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Total assets	\$	404,695.14
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Less secured creditors Post petition A/R June Report This amount is based on the post petition financing approved by the Court	\$	550,000.00
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Less priority payroll claims Based on actual POC filed	\$	19,270.37
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Priority Claims Based on Actual POC filed	\$	13,753.64
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Total Liabilities	\$	583,024.01
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Amount Available unsecured creditors	\$	(178,328.87)
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